

LOUISIANA TECH UNIVERSITY



INVITATION TO BID ONLY

BIDDER MUST FILL IN COMPANY NAME AND
COMPLETE ADDRESS (PRINTED OR TYPED)

PHONE:

FAX:

EMAIL:

BID SUBMISSION DEADLINE:

May 2, 2023 @ 2:00PM

BID NUMBER:

50012-546-23

DEPARTMENT

Int'l Student & Scholar Services

**PRICE MUST BE FIRM FOR AT LEAST
30 DAYS FROM OPENING DATE**

DELIVERY IN DAYS

TERMS

**BIDDER AGREES TO COMPLY
WITH ALL CONDITIONS
BELOW AND ATTACHED TO
THIS REQUEST.**

Prices are to be complete and the FOB
point to be Louisiana Tech University
unless otherwise specified.

RETURN THIS FORM TO:

PURCHASING OFFICE
P.O. Box 3157
408 Keeny Circle, Rm. 408
Ruston, LA 71272

Phone: 318-257-4205
Fax: 318-257-3772

Company Quote #
if applicable

FAILURE TO SIGN WILL DISQUALIFY BID

Typed or Printed Name

Authorized Signature/Title

ITEM:	COMPLETE SPECIFICATIONS	QTY. & UNIT:	UNIT PRICE:	AMOUNT:
1	<p>Louisiana Tech University's International Student and Scholar Services Department is now accepting SEALED bids for the following:</p> <p>International Student Health Insurance 2023-2024</p> <p>MINIMUM QUALIFICATIONS TO BID: The PPO network must include North Louisiana Medical Center, an inpatient hospital in Ruston, Louisiana along with the Green Clinic, an inpatient and outpatient facility in Ruston, Louisiana within a ten mile radius of Louisiana Tech University. Use of Green Clinic TechCare, the on-campus student health center, is free to insured students and dependents independent of the deductible.</p> <p>DEADLINE FOR QUESTION SUBMISSION: April 11, 2023 at 5PM DEADLINE FOR ANSWERS: April 18, 2023 at 5PM</p> <p>***PLEASE SEE THE ATTACHED BID SPECIFICATIONS***</p> <p>ALL BIDS MUST BE RETURNED TO THE LOUISIANA TECH PURCHASING OFFICE VIA MAIL OR IN PERSON. DO NOT FAX OR EMAIL.</p> <p>For questions or more information, please call Jay Ligon at 318-257-4321.</p>			

IMPORTANT: If bidding other than requested brand and product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing general quality levels. Such references or not intended to be restrictive. Bids will be considered for any brand which meets or exceeds the quality of the specifications listed for any item.

Request for Proposal
International Affairs Insurance
Louisiana Tech University
Ruston, Louisiana

Objective:

To provide sickness and accidental insurance coverage for the international students of Louisiana Tech University beginning **August 29, 2023**.

**BASE BID: SICKNESS and ACCIDENTAL INSURANCE,
MANDATED FOR F-1 INTERNATIONAL STUDENTS WITH
HARD WAIVER, AVAILABLE FOR J-1 EXCHANGE VISITORS
(AND THE DEPENDENTS PF F-1 STUDENTS AND J-1
EXCHANGE VISITORS)**

For a one (1) year period from August 29, 2023 through September 3, 2024 with an option for both parties to renew for two (2) additional years.

Background:

Louisiana Tech University is a state supported university offering degrees at the associates, bachelors and graduate levels. The student population comes from across the United States and roughly 64 foreign countries. Fall 2023 enrollment was 11,000, of which 359 were international students. More than 95% of these students were on F-1 visas. There were also 12 research scholars and 5 international students who were in Exchange Programs (J-1) and were not here for the full academic year.

The University has Green Clinic TechCare, the student health center, on campus staffed by advanced registered nurses, registered nurses and certified nursing assistant from 7:30 a.m. to 4:30 p.m. Monday through Friday.

Information related to the current contract is available in attachments to this BID. A list of the Attachments and their subject are:

- Attachment 1: Academic Calendar
- Attachment 2: Member Guide from current plan
- Attachment 3: Utilization Report
- Attachment 4: Enrolled students by country for Fall 2023

Eligibility & Coverage Period:

It is the policy of Louisiana Tech University that all students, who meet one of the following conditions, are required to have health insurance coverage while they are engaged in educational activities

- They are non-immigrant foreign nationals with valid passports from their home countries

- They have been issued an I-20 Certificate of Eligibility by Louisiana Tech University
- They have been granted F-1 student status by U.S. Citizenship and Immigration Services (USCIS)
- They are registered at Louisiana Tech
- They are exchange visitors (and their dependents) who have been issued a DS 2019 by Louisiana Tech University

Hard waivers will be granted to students who have insurance through their parents, government or other extenuating circumstances. A qualified student under the policy will be covered in any country outside his or her country of citizenship and/ or usual domicile.

The policy will also allow the following individuals to purchase a policy, although it is not a requirement for them:

- Spouses of F-1 students or J-1 exchange visitors.
- Children under the age of 19 of a registered F-1 student

The policy could also include F-1 students in the following categories:

- F-1 students on 12 month Optional Practical Training or 24 month STEM Optional Practical Training Extensions.

A person who is eligible for coverage shall become an Insured Certificate Holder on the first day of the academic quarter or the effective date specified by the Policyholder. Coverage should be in effect during the interim quarter break period, provided the student reenrolls and pays the premium for the following quarter. Coverage is to be in effect during all vacation and holiday periods during a quarter.

Coverage should remain in effect for an applicable quarter even though a student may leave school, unless the insured student enters military service, in which coverage would terminate upon entrance.

Students resigning after the premium is paid will be fully covered for the remainder of the quarter. Should a student resign from the University while a claim is pending, the coverage should continue until payment of the maximum amount applicable or until the student is fully recovered, whichever comes first.

Participation in intramural activities and club sports is to be covered. Intercollegiate activities will not be covered.

ID Cards and Claims Handling Procedure:

The Company will provide health insurance identification cards. These cards should include the University's name, the name and address of the Company, an insurance policy number and the telephone number of the Company to be accessed by the health care providers.

The Company must provide a toll-free number and have claims representatives available during normal working hours. The Company must agree to make a good faith effort to process completed claim forms quickly and efficiently. The claim form must be simple and easy to complete. The Company must accept bills and statement forms generated by hospitals, clinics and attending physicians as supporting documentation.

Deductible or Co-pay:

There should be a deductible of \$200 per coverage year of an Insured Certificate Holder, whether student, scholar or dependent, or a reasonable co-pay which could vary depending on whether in network or outside the network. Services provided by Green Clinic TechCare, the on-campus student health center, must have a \$0 Co-pay regardless of the deductible. If the insured is referred by Green Clinic TechCare, the deductible should be reduced.

Payment of Premium:

After the ninth class day each quarter, the university will remit a check equal to 90% of the insurance premiums assessed along with a list of covered students. The university will remit the remaining 10% of the premiums, adjusting for any changes after the ninth class day, after the quarter has ended.

An invoice from the insurance company is preferred but not required.

Qualifications of Bidder:

The bidder shall submit, as part of the bid, proof of the following:

1. Evidence of successful operation in providing insurance coverage at other universities for at least the last five (5) years.
2. Best Key Rating Guide of A- or better, which includes A, A+ and A++.
3. Evidence the insurance company is authorized to do business in the State of Louisiana.
4. Evidence the agent or agency submitting the bid is licensed to do insurance business in the State of Louisiana.
5. Evidence the following information pertaining to the Managing General Agency (MGA) is stated:
 - a. Years in business writing this program;
 - b. Number of years MGA has used present insurance carrier in the program.
6. "Insurance Company Declaration", as outlined below.

MINIMUM QUALIFICATION TO BID: The PPO network must include North Louisiana Medical Center, an inpatient general hospital in Ruston, Louisiana along with the Green Clinic, an inpatient and outpatient facility in Ruston, Louisiana within a ten mile radius of Louisiana Tech University. Use of Green Clinic TechCare, the on-campus student health center, is free to insured students and dependents independent of the deductible.

Insurance Company Declaration

Please reply to the following. All items must be answered and all forms requested must be submitted with bid.

1. Name of insurance company.
2. Insurance company's address.
3. Insurance company's telephone number, toll free.
4. Best's policyholder's rating.
5. Best's financial size category classification.
6. List of each university or college insured during previous school year and attach a separate form listing the name for each university or college; approximate premium volume for each university or college; and the name and title of the administrator at each school responsible for the student health program. Denote those schools, which have been insured for three (3) years or more. Individual schools may be contacted.
7. If the insurance company is paying claims, please provide/answer the following:
 - a. List the location of the office where claims will be paid;
 - b. List the name, title, telephone number, and years of experience in administering student claims, of the persons responsible for the claim service;
 - c. List toll free number that can be used to call by the university in reference to any claims, questions or problems.;
 - d. Will claims' office provide copies of all claims status to the university?
 - e. Will claims' office provide information on all claims rejected and the reason(s) for the rejection?
 - f. What is the average time for a claim to be processed after the date the insurance company receives it?
8. What are the insurance company's procedures in processing claims when notice of claim is submitted beyond the policy's time limit?
9. What are the insurance company's procedures in processing claims when written proof of loss is submitted more than ninety (90) days after the date of such loss?
10. Will the insurance company furnish the school with a monthly listing of all claims paid, including
 - a. Claim
 - b. Insured's name
 - c. Date of claim incurred
 - d. Date of claim paid

- e. Amount of claim
 - f. Company paid
11. Provide online access to claim forms and capability of submitting claims.

Dates of Quarters – Subject to Change

Fall 2023	September 6, 2023 until November 21, 2023 (Coverage August 29 to Nov 27)
Winter 2023	November 28, 2023 until March 2, 2024 (Coverage Nov 28 to March 11)
Spring 2021	March 12, 2024 until May 25, 2024 (Coverage March 12 to June 2)
Summer 2021	June 3, 2024 until August 24, 2024 (Coverage June 3 to Sept 3)

Medical Benefits:

Subject to the exclusions, limitations, and all other provisions of the policy, benefits are to be payable at 100% for a covered expense if: (a) The deductible requirement, if any, is met; (b) The expense is incurred within 52 weeks of the date of the accident causing the injury or manifestation of sickness. Covered expenses under the policy should be limited to the following types prescribed by a doctor for the therapeutic treatment of covered injury or sickness when the fees for such are reasonable and customary;

Charges for diagnosis and treatment by a doctor, nurse practitioner, physician assistant, registered nurse (not a close relative of or with same legal residence as the Insured Individual), professional anesthetist, radiologist, or physiotherapist;

Charges for daily hospital room and board not exceeding hospital's average semiprivate charge and intensive care unit charges;

Charges for laboratory, x-ray, and other diagnostic examinations;

Charges for prescription drugs required to be dispensed by a licensed pharmacist, except the Plan will pay 100% of charges for such drugs used on an inpatient basis and 75% of charges for such drugs used on an outpatient basis;

Hospital charges which include recovery room, electrocardiograms, basal metabolism test, surgical dressing;

Charges from outpatient services;

Charges for emergency professional ambulance service by ground or air to a hospital;

Charges for the following listed types of orthopedic or prosthetic devices or hospital equipment;

Man-made limbs or eyes for the replacing of natural limbs or eyes;

Casts, splints, or crutches;

Purchase of a truss or brace;

Oxygen and rental of equipment for giving oxygen;

Rental of wheelchair or hospital bed;

Rental of dialysis equipment and supplies, and

Colostomy bags and ureterostomy bags

The policy should not cover rental charges for equipment in excess of the purchase price of the equipment.

Medical Evacuation Benefits:

The policy will cover, up to a maximum benefit of (no more than) \$50,000 charges of air evacuation of the injured or sick Insured Certificate Holder to the individual's home country or country of regular domicile or to another medical facility, provided the air evacuation (a) is upon the recommendation and agreement of the attending licensed physician (b) results from a covered injury or sickness, and (c) does not occur prior to the benefit approval.

Repatriation:

The policy will cover, up to a maximum benefit (no more than) \$25,000 in the aggregate, reasonable expenses which are incurred in connection with the cremation or preparation and transportation of the body of a deceased Insured Certificate Holder to the individual's place of residence in the individual's home county provided the individual's death occurred outside his or her home country.

Pregnancy Benefit:

Covered expenses for pregnancy will be payable on the same basis as covered expenses for any other sickness with respect to an Insured Certificate Holder whether that individual is a student, scholar or covered dependent spouse. No benefits are payable for any expenses which relate to the pregnancy of a dependent child. Elective abortion is not covered.

Newborn Infants:

A newborn child of an Insured Certificate Holder will automatically be an Insured Individual for 31 days from the moment of his/her birth only for covered expenses which are due directly to injury or sickness, premature birth, or a congenital condition which exists at birth. In order to continue coverage of a newborn child beyond the 31st day following birth, (a) notice of the birth of the child will be provided to the Company or its authorized representative within 31 days from the date of birth, and (b) the required payment of the appropriate premium will be submitted.

Physiotherapy Expenses:

Covered expenses in connection with physiotherapy which are incurred while not confined in a hospital and which are billed by a doctor or physiotherapist, should not exceed the maximum amounts listed below. Charges in excess of these maximums should not be included as covered expenses in the policy.

Physiotherapy means treatment of sickness or injury by use of physical means, including, but not limited to, air, heat, light, water, electricity, massage, manipulation, or active exercise.

The physiotherapy benefit per calendar year will be (no more than) \$500.

Mental and Nervous Disorders/ Substance Abuse:

In-patient benefits are to be paid as any other covered illness up to an aggregate limit of 30 days in a 12 month period. Out-patient benefits are to be paid as any other covered illness up to an aggregate limit of 10 visits in a 12 month period.

Exclusions:

Submit exclusions as defined by your policy

TERMS AND CONDITIONS:

Louisiana Tech University reserves the right to withdraw this BID at any time and for any reason. Receipt of proposal materials by the University or submission of a proposal to the University confers no rights upon the proposer nor obligates the University in any manner. Louisiana Tech University reserves the right to authenticate any and all information contained in the bid of each respective insurance company.

A contract, based on this BID, may or may not be awarded. Proposals are to be submitted to:

Louisiana Tech University
Purchasing Department
Keeny Hall Room 408
P.O.Box 3157
Ruston, LA 71272

Inquiries may be submitted to the Director of Purchasing, by email, to Melissa Hughes, mhughes@latech.edu or phone # 318-257-4205.

Contract Changes:

No additional changes, enhancements, or modifications to any contract resulting from this BID shall be made without the prior approval of Louisiana Tech University. Changes to the contract include any change in: compensation; beginning/ending date of the contract; scope of work; and/or Contractor change through the Assignment of Contract process. Any such changes, once approved, will result in the issuance of an amendment of the contract. Contract changes may only be made after the first year of the contract.

Any changes to premium rates or deductible must be based on loss experience, cannot exceed the Medical Care portion of the Consumer Price Index and must be shared with Louisiana Tech University via email to mhughes@latech.edu at least six (6) months prior to the intended change taking place. Written notice of intention by the Underwriter to extend the contract for the additional two year period and to adjust premium rates for the next policy year shall be given to the Director of Purchasing and the Director of International Affairs at Louisiana Tech University by February 1st of that year.

Contract Termination:

Louisiana Tech University reserves the right to terminate this contract at any time for cause based upon the failure of the Contractor to comply with its terms and/or conditions of the agreement, or failure to fulfill its performance obligations pursuant of the agreement, provided that Louisiana Tech University shall give the Contractor written notice specifying the Contractor's failure. If within thirty days after receipt of such notice, the Contractor has not corrected such failure or, in the case of failure which cannot be corrected in thirty days, begun correction, then the State may, at its option, place the Contractor in default and the Agreement shall terminate on the date specified in such notice.

Remedies for Default:

Any claim or controversy arising from this contract shall be resolved by the provisions of LSA-R.S. 39:1524 through 1526.

Indemnification:

The Contractor agrees to indemnify and hold the University harmless from any and all claims, demands, liabilities, lawsuits or damages in any way arising out of or based upon the activities or omissions of the Contractor, under this Agreement, including without limitation claims for refund of fees. The University agrees to indemnify and hold the Contractor harmless from any and all claims, demands, liabilities, lawsuits, or damages in any way arising out of or based upon the activities or omissions of the University's personnel.

Auditors:

It is hereby agreed that the Legislative Auditor of the University and/or the Office of the Governor, Division of Administration auditors of Louisiana shall have the option of auditing all accounts of Contractor which relate to this contract.

PROPOSAL SUBMISSION REQUIREMENTS:

One (1) signed original and two (2) copies of the proposal under a sealed cover must be received by May 1, 2023. Any proposals received after this date shall be rejected. Proposals should be mailed or delivered to:

Louisiana Tech University
Purchasing Department
Keeny Hall Room 408
P.O.Box 3157
Ruston, LA 71272

The outside cover of the package containing the proposal shall be marked:

International Affairs Insurance
BID
Name of Bidder

Response Requirements:

1. Cover Letter- Letter summarizing response signed by an authorized representative of the company.
2. Table of Contents.
3. Company Background- Provide background information on your company, including a statement clarifying whether the Proposer is a sole proprietor, a partnership, a corporation or other legal entity.
4. Plan Description- Provide a description of the proposed plan.
5. Premium- Provide a statement of the premiums for the proposed plan for the coverage period and as a quarterly rate.
6. Exclusions- Describe exclusions as defined by your policy.
7. References- Submit information to document successful and reliable experience and service, including reference information. Each proposer must furnish a list of a minimum of five (5) clients currently begin provided international student and scholar health insurance services.
8. Organizational Chart- Provide an organizational chart showing the staffing and lines of authority for key personnel to be used.
9. Supporting Documents. Documentation not included elsewhere including but not limited to, Power of Attorney certifying agent's authority to bind the Proposer if response is submitted by an agent, a statement that Proposer is authorized to do business in the State of Louisiana and has properly registered to do so.

BID RESPONSE FORM FOR PRICING

PREMIUM RATES MUST BE CONSISTENT FOR ALL GROUPS WITHOUT AGE LIMITS

<u>Level of coverage</u>	<u>Unit</u>	<u>Weight</u>	<u>Subtotal</u>
Student Only	_____	X 100 =	
Student & Spouse	_____	X 1 =	
Student, Souse & Child(ren)	_____	X 1 =	
Student & Child(ren)	_____	X 1 =	
J-1 Scholar Only	_____	X 100 =	
J-1 Scholar & Spouse	_____	X 1 =	
J-1 Scholar, Spouse & Child(ren)	_____	X 1 =	
J-1 Scholar & Child(ren)	_____	X 1 =	

Bidder's Initials: _____

Date: _____

Louisiana Tech University

Racing Form

[ARCHIVED CATALOG]

Fall Quarter 2023

FALL QUARTER 2023 (TERM 241) - Approved May 2022

Au	3	W	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
g	0		
Se	4	M	LABOR DAY: UNIVERSITY CLOSED
pt			
	6	W	FALL QUARTER 2023 BEGINS
	6	W	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	6	W	Placement Exams
	6	W	2 nd Schedule Purge for students who have not confirmed or paid 6:00 p.m.
	7	R	CLASSES BEGIN
	7	R	Late Registration and Drop/Add begins
	1	M	Late Registration ends: Last day for Drop/Add and “no-grade” drops
	1		
	1	T	9 th class day, Census Date
	9		
	2	F	Last day to register for Fall graduation (F, Wk 3)
	2		
	2	F	Deadline for completeing “I” grade work from Spring/Summer (F, Wk4)
	9		
Oc	6	F	Deadline for faculty submission of “I” grade work from Spring/Summer (F, Wk5)
t			
	2	M	Advising beings for currently enrolled students.
	3		
	2	F	Last day to drop courses or resign with “W” grades (“F” grades after this date (F, Wk8)
	7		
	3	M	Early Web Registration Begins for Winter Quarter 2024 (for students enrolled in Fall Quarter 2023)
	0		
	3	M	Veterans, and Degree Candidate Seniors ≥ 110 hours – Early Registration @ 9:00 am
	0		
	3	M	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm
	0		
	3	T	Seniors ≥ 100 hours – Early Registration @ 9:00 am
	1		

	31	T	Seniors ≥ 90 hours – Early Registration @ 2:00 pm
	1	W	Juniors ≥ 80 hours – Early Registration @ 9:00 am
No v	1	W	Juniors ≥ 71 hours – Early Registration @ 2:00 pm
	2	R	Juniors ≥ 60 hours – Early Registration @ 9:00 am
	3	F	Sophomores ≥ 49 hours – Early Registration @ 9:00 am
	3	F	Sophomores ≥ 41 hours – Early Registration @ 2:00 pm
	6	M	Sophomores ≥ 30 hours – Early Registration @ 9:00 am
	7	T	Freshmen ≥ 13 hours – Early Registration @ 9:00 am
	7	T	Freshmen ≥ 9 hours – Early Registration @ 2:00 pm
	8	W	Freshmen ≥ 1 hour – Early Registration @ 9:00 am
	14	T	Degree candidate grades due on Faculty BOSS @ 3:30 p.m.
	16	R	LAST DAY OF CLASSES
	17	F	Early Web Registration Ends for Winter Quarter 2024
	17	F	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	18	S	Fall Commencement Exercises, Thomas Assembly Center @ 10 a.m.
	18	S	FALL 2023 QUARTER ENDS
	20	M	All other grades due on Faculty BOSS @ 3:30 p.m.
	21	T	Grades “live” on Student BOSS
	23	R	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
	24	F	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED

Louisiana Tech University

Racing Form

[ARCHIVED CATALOG]

Winter Quarter 2023-2024

WINTER QUARTER 2023-2024 (TERM 242) - approved May 2022

No v	1	F	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	7		
	2	R	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
	3		
	2	F	THANKSGIVING HOLIDAY: UNIVERSITY CLOSED
	4		
	2	T	WINTER QUARTER 2024 BEGINS
	8		
	2	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am -6:00 pm (KEEH 207 & KEEH 103)
	8		
	2	T	Placement Exams
	8		
	2	T	2 nd Schedule Purge for students who have not confirmed or paid 6:00 p.m.
	8		
	2	W	CLASSES BEGIN
	9		
	2	W	Late Registration and Drop/Add begins
	9		
De c	1	F	Late Registration ends: Last day for Drop/Add and "no-grade" drops
	1	M	9 th class day, Census Date
	1		
	1	F	Last day to register for Winter graduation (F, Wk 3)
	5		
	2	W	CHRISTMAS HOLIDAY BEGINS: UNIVERSITY CLOSED
	0		
Jan	3	W	CHRISTMAS HOLIDAYS ENDS. Classes resume @ 8 a.m.
	5	F	Deadline for completeing "I" grade work for Fall (F, WK4)
	1	F	Deadline for faculty submission of "I" grade work from Fall (F, Wk5)
	2		
	1	M	MLK, Jr. BIRTHDAY OBSERVANCE: UNIVERSITY CLOSED
	5		

	29	M	Advising beings for currently enrolled students.
Feb	2	F	Last day to drop courses or resign with "W" grades ("F" grades after this date (F, Wk8)
	5	M	Early Web Registration Begins for Spring and Summer Quarter 2024 (for students enrolled in Winter Quarter 2023-2024)
	5	M	Veterans, and Degree Candidate Seniors ≥ 110 hours – Early Registration @ 9:00 am
	5	M	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm
	6	T	Seniors ≥ 100 hours – Early Registration @ 9:00 am
	6	T	Seniors ≥ 90 hours – Early Registration @ 2:00 pm
	7	W	Juniors ≥ 80 hours – Early Registration @ 9:00 am
	7	W	Juniors ≥ 71 hours – Early Registration @ 2:00 pm
	8	R	Juniors ≥ 60 hours – Early Registration @ 9:00 am
	9	F	Sophomores ≥ 49 hours – Early Registration @ 9:00 am
	9	F	Sophomores ≥ 41 hours – Early Registration @ 2:00 pm
	12	M	MARDI GRAS HOLIDAY: UNIVERSITY CLOSED
	13	T	MARDI GRAS HOLIDAY: UNIVERSITY CLOSED
	14	W	University Offices Reopen – No Classes
	15	R	Sophomores ≥ 30 hours – Early Registration @ 9:00 am
	15	R	Freshmen ≥ 13 hours – Early Registration @ 9:00 am
	16	F	Freshmen ≥ 9 hours – Early Registration @ 2:00 pm
	16	F	Freshmen ≥ 1 hour – Early Registration @ 9:00 am
	26	M	Degree candidate grades due on Faculty BOSS @ 3:30 p.m.
	27	T	LAST DAY OF CLASSES
	28	W	Early Web Registration Ends for Spring Quarter 2024
	28	W	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
Mar	2	S	Winter Commencement Exercises, Thomas Assembly Center @ 10 a.m.
	2	S	WINTER 2023-2024 QUARTER ENDS
	4	M	All other grades due on Faculty BOSS @ 3:30 p.m.

	5	T	Grades "live" on Student BOSS
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Louisiana Tech University

Racing Form

[ARCHIVED CATALOG]

Spring Quarter 2024

SPRING QUARTER 2024 (TERM 243) - approved May 2022

Feb	28	W	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
Mar	12	T	SPRING QUARTER 2024 BEGINS
	12	T	General Registration/Fee Payment (for all new/readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	12	T	Placement Exams
	12	T	2 nd Schedule Purge for students who have not confirmed or paid 6:00 p.m.
	13	W	CLASSES BEGIN
	13	W	Late Registration and Drop/Add begins
	15	F	Late Registration ends: last day for Drop/Add and "no grades" drops
	25	M	9 th class day, Census Date
	29	F	Last day to register for Spring graduation (F, Wk 3)
	29	F	EASTER HOLIDAY: UNIVERSITY CLOSED
Apr	1	M	EASTER HOLIDAY ENDS. Classes resume @ 5:00 p.m.
	5	F	Deadline for completing "I" grade work from Winter (F, Wk 4)
	12	F	Deadline for faculty submission of "I" grade work from Winter (F, Wk5)
	29	M	Advising begins for currently enrolled students
May	3	F	Last day to drop courses or resign with "W" grades. ("F" grades after this date) (F, Wk 8)
	6	M	Early Web Registration for Summer & Fall Quarter 2024: (for students enrolled in Spring Quarter 2024).
	6	M	Veterans, and Degree Candidate Seniors ≥ 110 hours – Early Registration @ 9:00 am

6	M	Honors Students, Grad Students, & Eligible Athletes – Early Registration @ 2:00 pm
7	T	Seniors ≥ 100 hours – Early Registration @ 9:00 am
7	T	Seniors ≥ 90 hours – Early Registration @ 2:00 pm
8	W	Juniors ≥ 80 hours – Early Registration @ 9:00 am
8	W	Juniors ≥ 71 hours – Early Registration @ 2:00 pm
9	R	Juniors ≥ 60 hours – Early Registration @ 9:00 am
10	F	Sophomores ≥ 49 hours – Early Registration @ 9:00 am
10	F	Sophomores ≥ 41 hours – Early Registration @ 2:00 pm
13	M	Sophomores ≥ 30 hours – Early Registration @ 9:00 am
14	T	Freshmen ≥ 13 hours – Early Registration @ 9:00 am
14	T	Freshmen ≥ 9 hours – Early Registration @ 2:00 pm
15	W	Freshmen ≥ 1 hour – Early Registration @ 9:00 am
22	W	Degree candidate grades due on Faculty BOSS @ 3:30 p.m.
24	F	LAST DAY OF CLASSES
24	F	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m. - Summer
25	S	Spring Commencement Exercises, Thomas Assembly Center, ceremony time TBA
25	S	SPRING QUARTER 2024 ENDS
27	M	MEMORIAL DAY HOLIDAY: UNIVERSITY CLOSED
29	W	All other grades due on Faculty BOSS @ 3:30 p.m.
30	R	Grades “live” on Student BOSS

Louisiana Tech University

Racing Form

[ARCHIVED CATALOG]

Summer Quarter 2024

SUMMER QUARTER 2024 (TERM 244) - approved May 2022

May	24	F	1 st Schedule Purge for students who have not confirmed or paid: 5:00 p.m.
	27	M	MEMORIAL DAY HOLIDAY: UNIVERSITY CLOSED
Jun	3	M	SUMMER QUARTER 2024 BEGINS
	3	M	General Registration/Fee Payment (for all new /readmitted students & those continuing students who did not complete early registration & fee payment): 8:15 am –6:00 pm (KEEH 207 & KEEH 103)
	3	M	Placement Exams
	3	M	2 nd Schedule Purge for students who have not confirmed or paid 5:00 p.m.
	4	T	CLASSES BEGIN: 12-week and 1 st 6-week session
	4	T	Late Registration and Drop/Add begins: 12 week and 1 st 6-week session
	6	R	Late Registration ends: last day for Drop/Add and “no grades” drops for 12-week and 1 st 6-week session
	10	M	CLASSES BEGIN: 1 st 3-week session
	11	R	Last day for Drop/Add and “no-grade” drops for 1 st 3-week session
	14	F	9 th Class day, Census Date
	21	F	Last day to register for Summer graduation (F, Wk3)
	28	F	CLASSES END: First 3-week session (Sections 38-39)
Jul	4	R	INDEPENDENCE DAY: UNIVERSITY CLOSED
	9	T	CLASSES END: First 6-week session (Sections 30-37)
	12	F	CLASSES BEGIN: Second 6-week session (Sections 60-67)
	12	F	CLASSES BEGIN: Second 3-week session (Sections 68-69)
	12	F	Late Registration and Drop/Add begins: second 3- and 6-week sessions only
	15	M	Late Registration ends: Last day for Drop/Add and “no-grade” drops for 2 nd 3- and 6-week sessions only

	1 5	M	3 rd Scheduled Purge for Students who have not confirmed or paid (registered for 2 nd session only) 4:30 p.m.
	1 7	W	Grades for 1 st 6-week and 3-week session classes due on Faculty BOSS by 3:30 p.m. (W, Wk7)
	2 6	F	Last day to drop courses or resign with "W" grades for the 12-week session (F, Wk8)
Au g	1	R	CLASSES END: Second 3-week session (sections 38-39)
	1 5	R	CLASSES END: 12-week and second 6-week session
	1 3	T	Degree candidate grades due on Faculty BOSS @ 3:30 p.m.
	1 9	M	All other grades due on Faculty BOSS @ 3:30 p.m.
	2 0	T	Grades "live" on Student BOSS
	2 4	S	Summer Commencement Exercises, Thomas Assembly Center @ 10 a.m.
	2 4	S	Summer Quarter 2024 Ends

FREQUENTLY ASKED QUESTIONS:

1. Is a bid bond required for this bid? If so, how much should it be?
 - Yes, a bid bond is required for this bid. It MUST be provided with the bid response. The bid bond shall be for five (5) percent of the official bid amount or total premiums paid for the year.
2. What were the Premiums paid for 2020-2021, 2021-2022, and 2022 to current?
 - SEE ATTACHED
3. What were the Updated Paid Claims for that same time period?
 - SEE ATTACHED
4. What were the Plan Brochures for that same time period?
 - SEE ATTACHED
5. What is the number of students that are eligible for International Insurance and how many are currently have enrolled for insurance?
 - SEE ATTACHED enrollment list The total number of enrollment is eligible
6. What were the High dollar claims reports for the same time period listed above
 - SEE ATTACHED
7. What were the Point in Time Comparison reports for the same time period listed above
 - SEE ATTACHED
8. Does the policy need to be ACA compliant?
 - Yes, that causes the premium to increase. We found it in the students' best interest to remove that requirement in 2020 when we bid this out
9. Will the University consider a policy with a maximum benefit of \$250,000 or \$500,000 per injury or sickness if unlimited benefits are not available?
 - We are only interested in bids that meet the language of this bid's specifications.
10. Are there any current Administrative Fees or Commissions for the last 3 years?
 - No
11. Can you accept bids from non-admitted carriers?
 - No
12. Does Louisiana Tech University want a proposal that does not exclude benefits for pre-existing conditions OR is a 6-month exclusion for pre-existing conditions (waived with continuous coverage) preferred?
 - A 6-month exclusion for pre-existing conditions (waived with continuous coverage) is required

Country	Erollment
AFGHANIS	2
ANGOLA	2
ARGENTIN.	2
AUSTRALIA	3
BAHAMAS	1
BANGLADE	34
BARBADOS	1
BELGIUM	1
BENIN	1
BOLIVIA	5
BRAZIL	4
BURMA	1
CAMEROO	2
CANADA	11
CHILE	1
CHINA	14
COLOMBIA	2
COMOROS	1
COTE D'IVO	10
CROATIA	1
DEMOCRA	1
DOMINICA	1
EGYPT	2
EL SALVAD	4
FINLAND	1
FRANCE	8
GABON	4
GERMANY	8
GHANA	1
HAITI	1
HONDURA	2
HUNGARY	2
INDIA	55
INDONESIA	1
IRAN	8
IRELAND	2
ISRAEL	1
ITALY	5
JAMAICA	8
JAPAN	3
JORDAN	5
KENYA	2
KIRIBATI	1
LATVIA	1
LIBYA	1
MALAYSIA	1

MEXICO	17
NEPAL	30
NETHERLA	3
NEW ZEAL	3
NIGER	1
NIGERIA	20
NORWAY	1
PAKISTAN	3
PALAU (US	1
POLAND	1
REPUBLIC (3
RUSSIA	1
RWANDA	1
SAINT VIN	1
SAUDI ARA	11
SERBIA	2
SINGAPOR	1
SOUTH KO	3
SPAIN	7
SRI LANKA	2
SUDAN	1
SVALBARD	1
SWEDEN	1
THAILAND	2
TURKEY	1
UGANDA	1
UNITED KII	1
UNITED ST	7
VIETNAM	4
<hr/>	
Total	359

Snapshot

LOUISIANA TECH UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates and Important Dates

Rates are effective 08/29/2020 to 08/28/2021. Rates include insurance premium and administrative fees.

	Student	Spouse/ Domestic Partner	Each Child	Two or More Children
Annual 08/29/2020 to 08/28/2021	\$ 1,428.00	\$ 4,284.00	\$ 2,136.00	\$ 4,284.00
Fall 08/29/2020 to 11/30/2020	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Winter 12/01/2020 to 03/08/2021	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Spring 03/09/2021 to 06/01/2021	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Summer 06/02/2021 to 08/28/2021	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00

What's Covered (Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Physical therapy, chiropractic care, acupuncture
- Annual women's cervical cancer screening and a breast exam
- Tests, procedures, and lab services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.

Coinurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% when you use **Blue Card PPO** providers, part of **Blue Cross Blue Shield**, and 80% when you use out-of-network providers.

Benefits

	Blue Cross Blue Shield PPO Provider You Will Pay:	Out-of-Network Provider You Will Pay At Least: [*]
Deductible	\$200 per Person, per Policy Year	\$200 per Person, per Policy Year
Office Visit	\$25 copay per visit	20%
Urgent Care	\$35 copay per visit	20%
Hospital Visit	\$50 copay per visit	20%
Emergency Room	\$150 copay per visit (waived if admitted)	20%
Prescription Drugs	25% of charges*	
Out-of-Pocket Maximum	\$5,000 per Person, per Policy Year	

^{*} Using out-of-network providers will cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed coinsurance.

^{*} You must pay for prescriptions in full, then submit a claim for reimbursement.

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

2020-2021



Questions ?

Enrollment & Eligibility
Relation Insurance Services
(800) 955-1991

Benefits
GeoBlue
(844) 268-2686

Plan Materials & Information
www.4studenthealth.com/ltu

Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card. Visit www.geobluestudents.com to set up an account! For help, contact Relation at (800) 955-1991.

**Carry your ID card
with you at all times!**

Getting Care

Go to the campus health center. If you need to access care away from campus, visit www.geobluestudents.com or call (844) 268-2686 to find a **Blue Cross Blue Shield PPO** doctor, urgent care center or hospital.

Revised July 13, 2020 9:24 AM



Relation Insurance Services

SNAPSHOT

LOUISIANA TECH UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/29/2021 to 08/28/2022. Rates include insurance premium and administrative fees.

	STUDENT	SPOUSE/ DOMESTIC PARTNER	EACH CHILD	TWO OR MORE CHILDREN
Annual 08/29/2021 to 08/28/2022	\$ 1,428.00	\$ 4,284.00	\$ 2,136.00	\$ 4,284.00
Fall 08/29/2021 to 11/30/2021	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Winter 12/01/2021 to 03/08/2022	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Spring 03/09/2022 to 06/01/2022	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00
Summer 06/02/2022 to 08/28/2022	\$ 357.00	\$ 1,071.00	\$ 534.00	\$ 1,071.00

What's Covered (Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Physical therapy, chiropractic care, acupuncture (20 visits maximum)
- Annual women's cervical cancer screening and a breast exam
- Tests, procedures, and lab services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.

Coinurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% when you use **Blue Card PPO** providers, part of **Blue Cross Blue Shield**, and 80% when you use out-of-network providers.

Benefits

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: ¹
Deductible	\$200 per Person, per Policy Year	
Office Visit	\$25 copay per visit	20%
Urgent Care	\$35 copay per visit	20%
Hospital Visit	\$50 copay per visit	20%
Emergency Room	\$150 copay per visit (copay waived if admitted)	20%
Prescription Drugs	25% of charges ²	
Out-of-Pocket Maximum	\$5,000 per Person, per Policy Year	

1. Using out-of-network providers will cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed coinsurance.

2. You must pay for prescriptions in full, then submit a claim for reimbursement.

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

2021-2022



Questions

Enrollment & Eligibility
Relation Insurance Services
(800) 955-1991

Waive Coverage
International Student Office
(318) 257-4321 or iso@latech.edu

Benefits
GeoBlue
(844) 268-2686

Plan Materials & Information
www.4studenthealth.com/itu

Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card.

Visit www.geobluestudents.com to set up an account! For help, contact Relation at (800) 955-1991.

Carry your ID card with you at all times!

Getting Care

Go to the campus health center. If you need to access care away from campus, visit www.geobluestudents.com, or call (844) 268-2686 to find a **Blue Cross Blue Shield PPO** doctor, urgent care center or hospital.

Revised July 30, 2021 11:33 AM

 **Relation™**
EDUCATION SOLUTIONS

Relation Insurance Services

LOUISIANA TECH UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/29/2022 to 08/28/2023. Rates include insurance premium and administrative fees.

	STUDENT	SPOUSE/ DOMESTIC PARTNER	ONE CHILD	TWO OR MORE CHILDREN
Annual 08/29/2022 – 08/28/2023	\$ 1,488.00	\$4,464.00	\$ 2,232.00	\$ 4,464.00
Fall 08/29/2022 – 11/29/2022	\$372.00	\$ 1,116.00	\$ 558.00	\$ 1,116.00
Winter 11/30/2022 – 03/07/2023	\$372.00	\$ 1,116.00	\$ 558.00	\$ 1,116.00
Spring 03/08/2023 – 05/31/2023	\$372.00	\$ 1,116.00	\$ 558.00	\$ 1,116.00
Summer 06/01/2023 – 08/28/2023	\$372.00	\$ 1,116.00	\$ 558.00	\$ 1,116.00

What's Covered (Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Physical therapy, chiropractic care, acupuncture (\$500 maximum)
- Annual women's cervical cancer screening and a breast exam
- Pregnancy and maternity
- Prescription drugs

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.

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Getting Care

Go to the campus health center. If you need to access care away from campus, visit www.geobluestudents.com or call (844) 268-2686 to find a provider in the **Blue Cross Blue Shield PPO** Network.

Rev: Aug 2, 2022

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

Relation Insurance Services

Benefits

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: ¹
Deductible	\$200 per person, per Policy Year	
Office Visit	\$25 copay per visit	20%
Urgent Care	\$35 copay per visit	20%
Hospital Visit	\$50 copay per visit	20%
Emergency Room	\$150 copay per visit (copay waived if admitted)	20%
Prescription Drugs	25% of charges ²	
Out-of-Pocket Maximum	\$5,000 per person, per Policy Year	

1. Using out-of-network providers will cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed coinsurance.
2. If you visit an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.

Dashboard

LOUISIANA TECH UNIVERSITY-IB - ILTU

Policy # :

Underwriter :

Policy Year: 2023-24

Paid Date: through 02/28/2023



Version 40

Top 5 Claims

No records found for applied filter criteria. Please try with different filters.

Showing top 5 claims by \$ Paid

ICD	\$ Paid
All Other Claims	\$0
Total	

Top 5 Benefits

No records found for applied filter criteria. Please try with different filters.

Showing top 5 benefits by \$ Paid

School Group Losses

Policy Year	\$ Premium	\$ Paid	% LR
2020-21	\$281,667	\$45,686	16.2%
2021-22	\$234,316	\$141,026	60.2%
2022-23	\$146,382	\$60,079	41.0%

Policy Year Loss Ratios (% LR) are current and do not represent a projection of future/completed loss ratios. Premium amounts exclude fees.

Top 5 ICD Categories

Showing top 5 ICD categories by \$ paid

No records found for applied filter criteria. Please try with different filters.

Network Status

(by \$Paid)

No records found for applied filter criteria. Please try with different filters.

Claim Type

(by \$Paid)

No records found for applied filter criteria. Please try with different filters.

Claims by Member Type

Year	Insured	Enrollees	Utilizers	# Claims	\$ Paid
2020-21	Subscriber	255	141	346	\$40,450
	Spouse/DP	5	3	10	\$1,750
	Child	1	2	18	\$3,486
2021-22	Subscriber	237	117	402	\$139,433
	Spouse/DP	2	1	3	\$271
	Child	2	4	18	\$1,322
2022-23	Subscriber	228	79	208	\$59,899
	Child	2	1	2	\$180

Term Enrollment

No records found for applied filter criteria. Please try with different filters.

Data Source: Unspecified

Executed by: Relation Execution time: 3/16/2023 6:40:02 AM

This information has been provided by Relation Insurance Services to aid in understanding of policy experience and should not be used for comprehensive or predictive analysis, which can be requested via your account team. Additionally, this information may only be viewed by active policy administrators per HIPAA compliance and guidelines that protect patient health information.

Louisiana Tech University Client Report

December 2022

Executive Summary

Current Membership

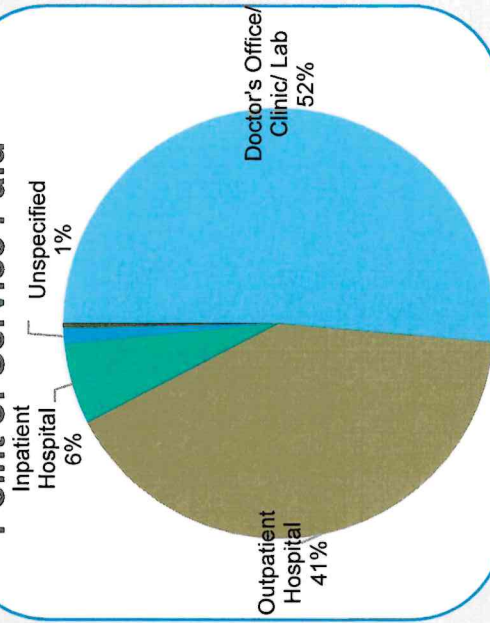
Member Lives
170

% Change -12.8%

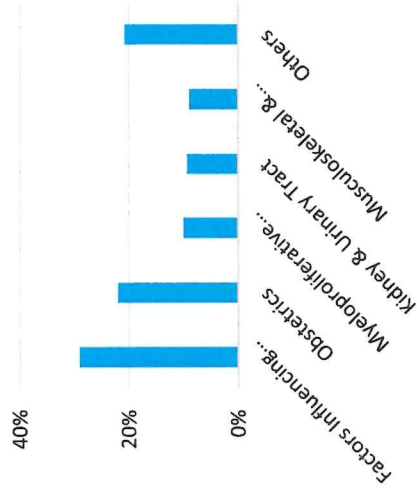
Participant Lives
170

% Change -11.9%

Point of Service Paid

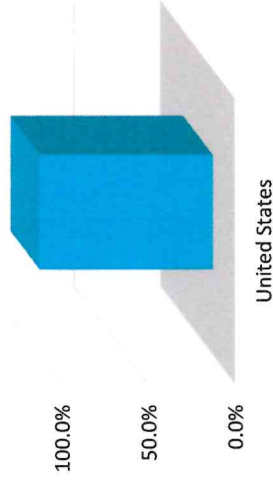


Top Diagnostic Categories



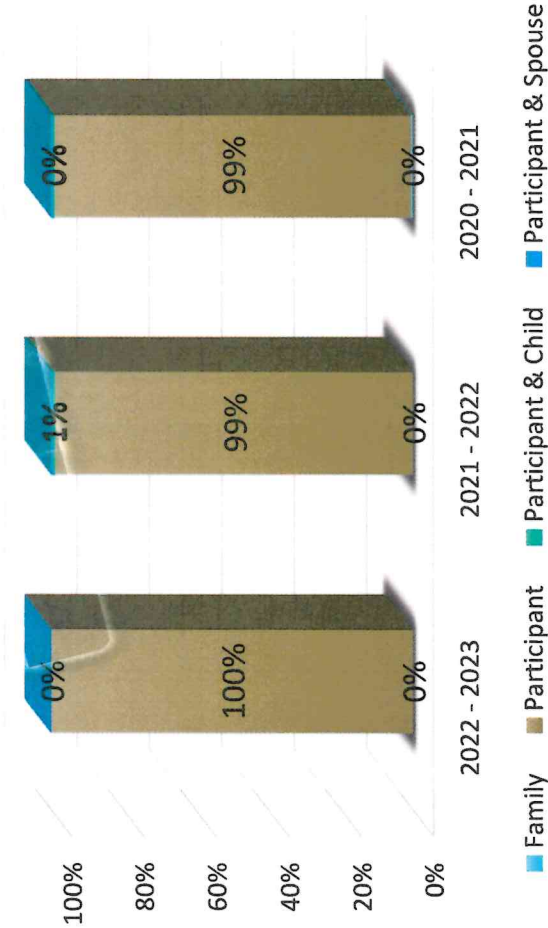
Top 5 Paid Claim Countries

Current Plan Year Paid Loss



Participant Enrollment Demographics

Participant Share by Tier



ENROLLMENT

Prior Year Participant % Change
-11.1%
Current Year Participant % Change
-11.9%

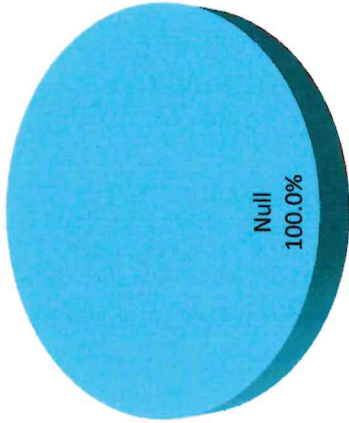
Rates Tier	2020 - 2021				2021 - 2022				2022 - 2023			
	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age
Family	1	35	0	-	0	-	0	-	1	35	0	-
Participant	214	27	191	26	170	26	170	26	214	27	191	26
Participant & Child	1	33	1	34	0	-	0	-	1	33	1	34
Participant & Spouse	1	63	1	64	0	-	0	-	1	63	1	64
Total	217	27	193	26	170	26	170	26	217	27	193	26

Current Year Member Enrollment Demographics

Relationship % Share



Top 5 Host Countries



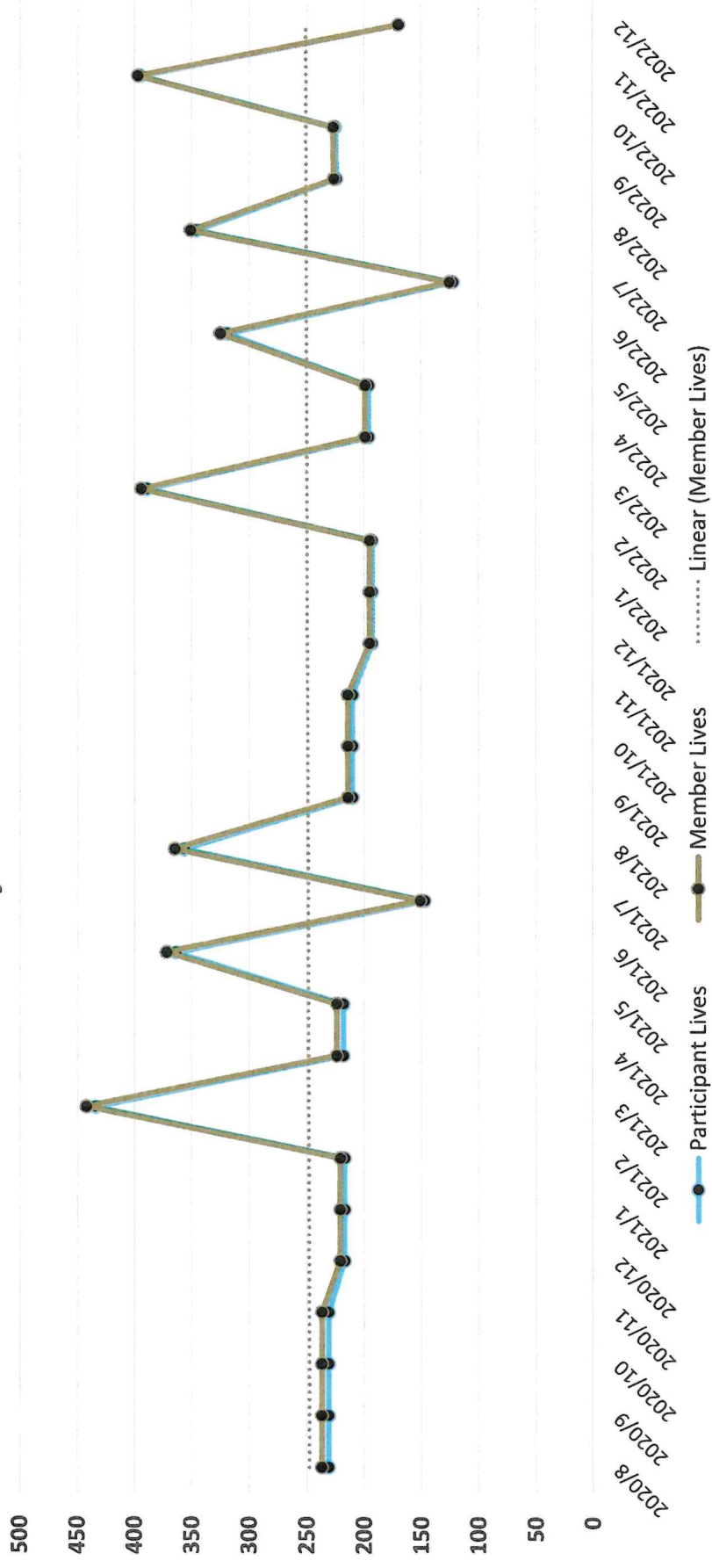
ENROLLMENT	
Prior Year Member % Change	-11.8%
Current Year Member % Change	-12.8%

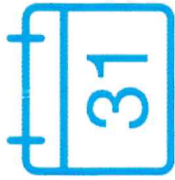
Relationship	Member Lives	Average Age	% of Total	% Male	% Female
Participant	170	26	100%	57.1%	42.9%

	Member Lives	Average Age	% of Total	% Male	% Female
Total	170	26	100%	57.1%	42.9%

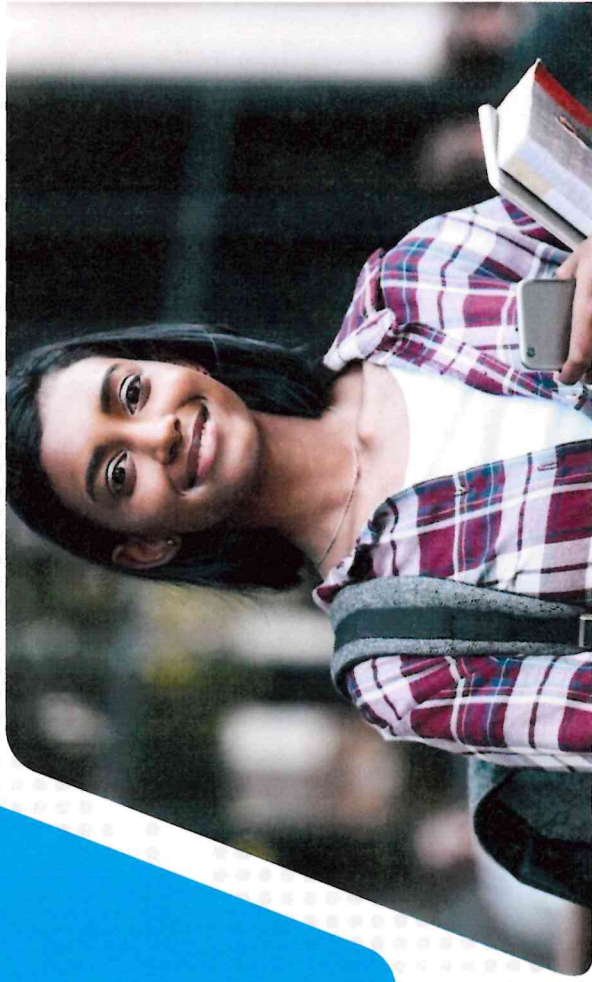
Monthly Participant / Member Lives Trend

Monthly Enrollment Trend





Plan Year Claims Reporting



Claims by Relationship

Plan Year Paid Claims by Relationship

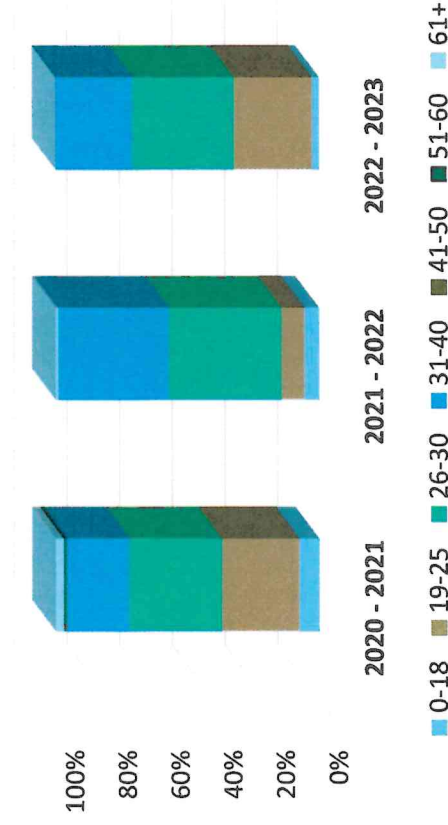


Relationship	2020 - 2021		2021 - 2022		2022 - 2023	
	Paid	% of Total	Paid	% of Total	Paid	% of Total
Child	\$3,486	8%	\$1,322	1%	\$0	0%
Participant	\$40,897	89%	\$136,801	99%	\$33,441	100%
Spouse	\$1,750	4%	\$271	0%	\$0	0%
Total	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

Claims by Age Band

Plan Year Paid Claims by Age Band

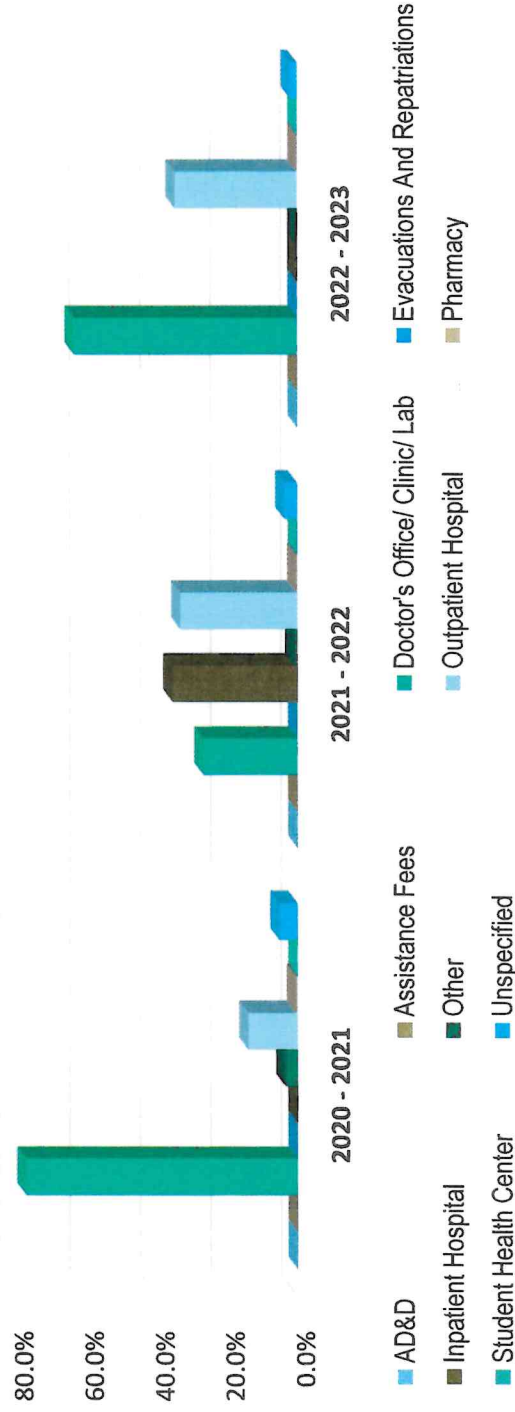


Age Band	2020 - 2021 Paid	2020 - 2021 % of Total	2021 - 2022 Paid	2021 - 2022 % of Total	2022 - 2023 Paid	2022 - 2023 % of Total
0-18	\$3,486	7.6%	\$7,591	5.5%	\$894	2.7%
19-25	\$13,597	29.5%	\$12,312	8.9%	\$9,913	29.6%
26-30	\$16,168	35.0%	\$59,131	42.7%	\$12,895	38.6%
31-40	\$11,032	23.9%	\$57,932	41.9%	\$9,739	29.1%
41-50	\$155	0.3%	\$0	0.0%	\$0	0.0%
51-60	\$299	0.6%	\$0	0.0%	\$0	0.0%
61+	\$1,396	3.0%	\$1,428	1.0%	\$0	0.0%
Total	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

Claims by Point of Service

Plan Year Paid Claims by Point of Service



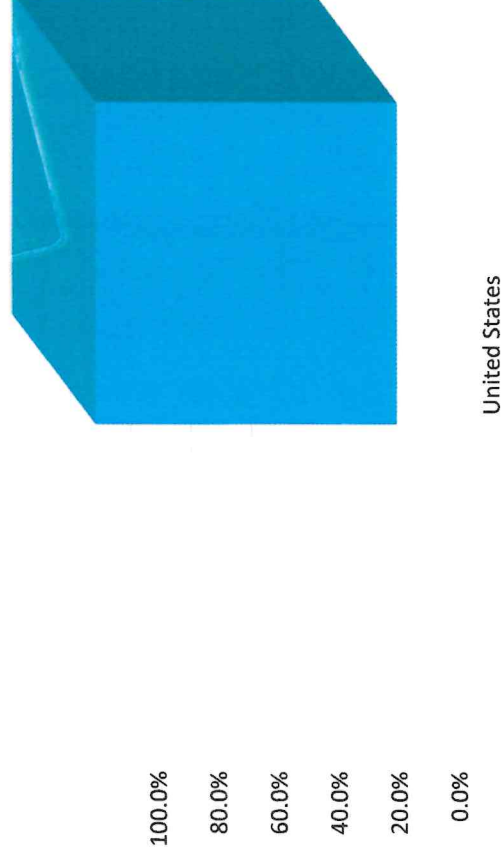
Point of Service	2020 - 2021	2020 - 2021	2021 - 2022	2021 - 2022	2022 - 2023	2022 - 2023
	Paid	% of Total	Paid	% of Total	Paid	% of Total
Doctor's Office/ Clinic/ Lab	\$35,514	77.0%	\$36,905	26.7%	\$21,201	63.4%
Inpatient Hospital	\$0	0.0%	\$49,080	35.5%	\$0	0.0%
Other	\$1,568	3.4%	\$1,041	0.8%	\$0	0.0%
Outpatient Hospital	\$6,455	14.0%	\$46,118	33.3%	\$11,622	34.8%
Pharmacy	\$200	0.4%	\$286	0.2%	\$0	0.0%
Unspecified	\$2,395	5.2%	\$4,964	3.6%	\$618	1.8%

Totals	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%
---------------	-----------------	---------------	------------------	---------------	-----------------	---------------

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

Claims by Top 5 Countries

Latest Plan Year Paid Claims by Top 5 Countries



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Jan-28-2023 for all claims

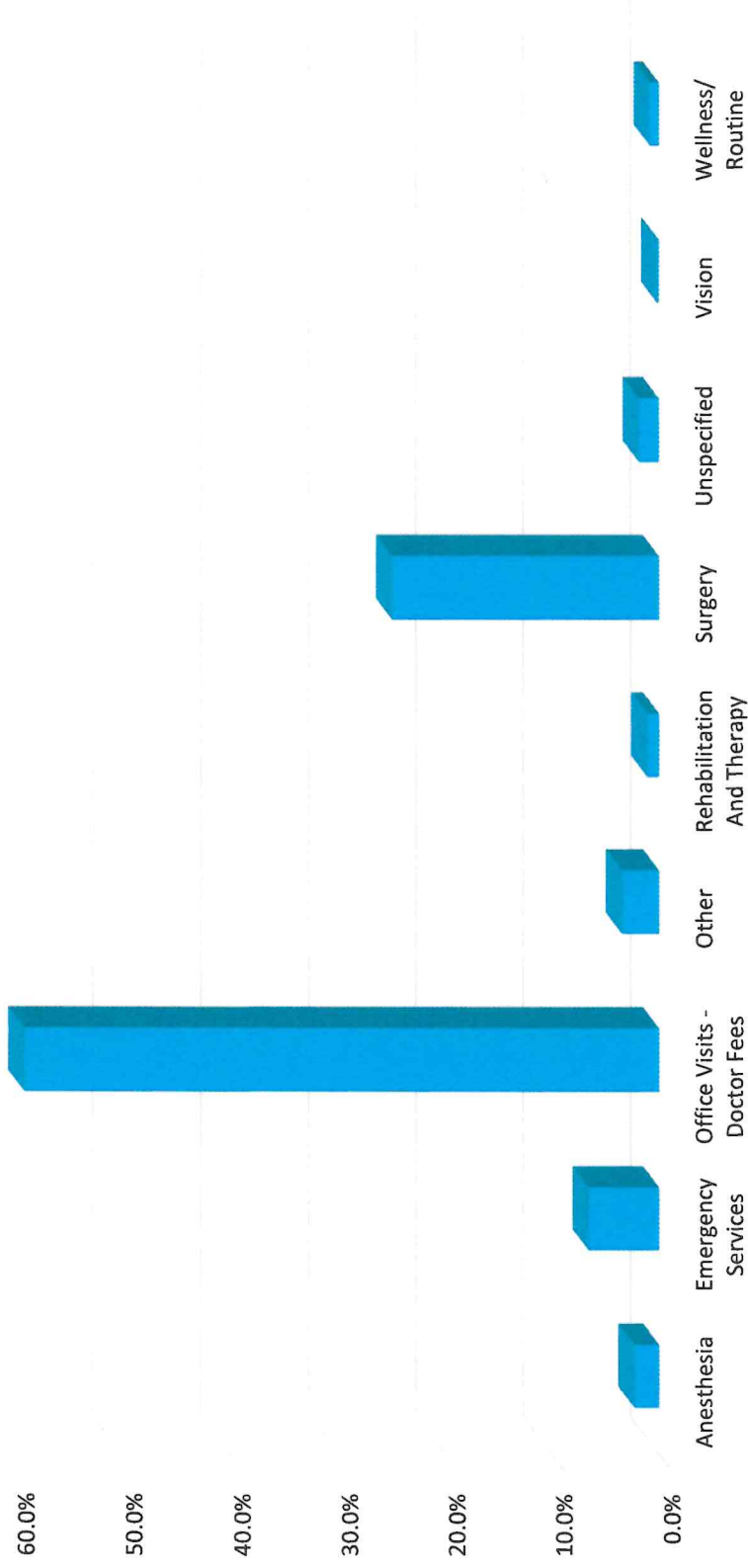
Country	2020 - 2021 Paid	2020 - 2021 % of Total	2021 - 2022 Paid	2021 - 2022 % of Total	2022 - 2023 Paid	2022 - 2023 % of Total
United States	\$46,132	100.0%	\$136,862	98.9%	\$33,441	100.0%
United Kingdom	\$0	0.0%	\$0	0.0%	\$0	0.0%
Pakistan	\$0	0.0%	\$1,532	1.1%	\$0	0.0%

Totals	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%
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Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

Claims by Benefit

Latest Plan Year Paid Claims by Benefit



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Jan-28-2023 for all claims

Claims by Benefit

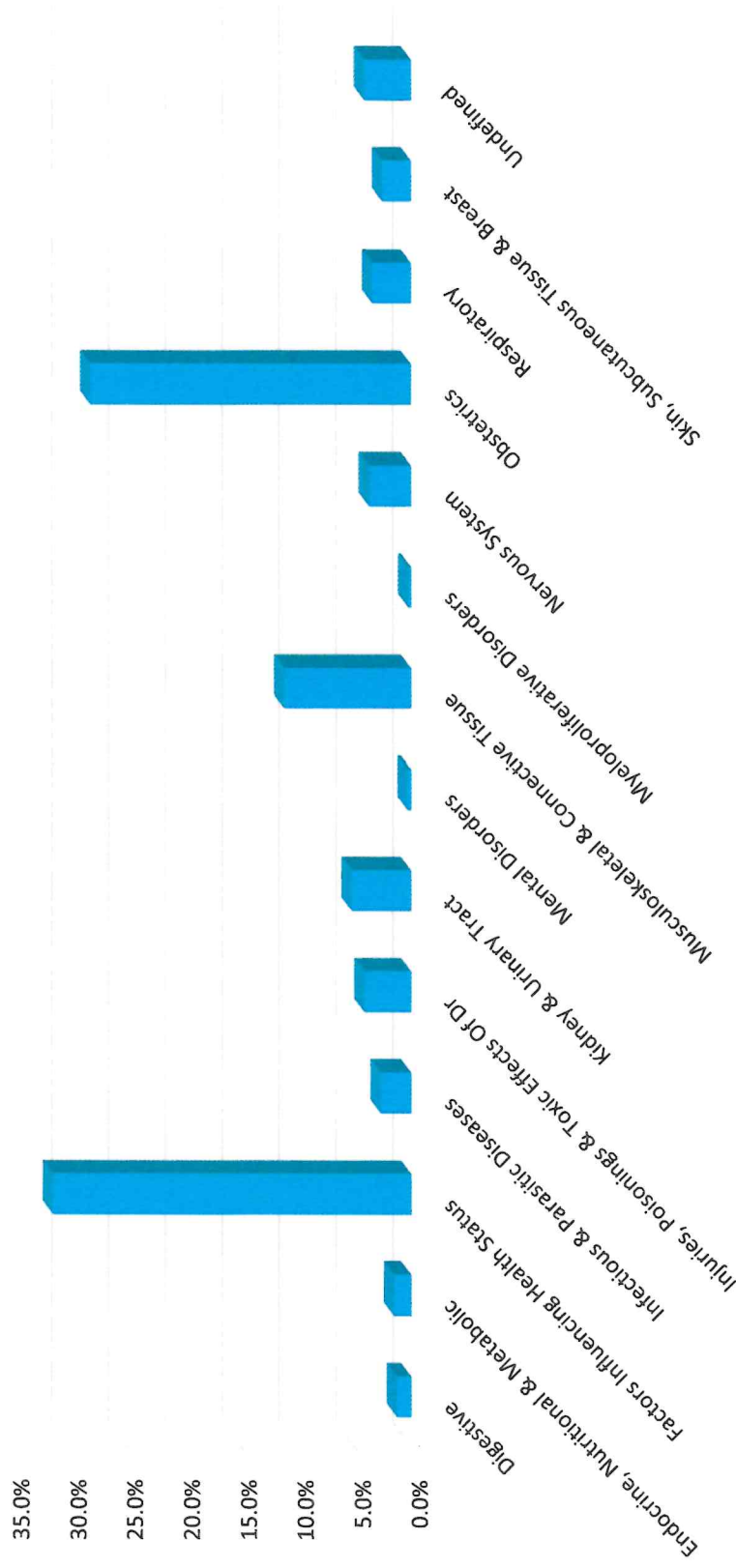
Benefit	2020 - 2021		2020 - 2021		2021 - 2022		2021 - 2022		2022 - 2023	
	Paid	% of Total	Paid	% of Total	Paid	% of Total	Paid	% of Total	Paid	% of Total
Ambulance	\$1,416	3.1%	\$911	0.7%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Anesthesia	\$0	0.0%	\$4,454	3.2%	\$759	2.3%	\$0	0.0%	\$0	0.0%
Chiropractic Services	\$64	0.1%	\$34	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Dental	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Emergency Services	\$4,124	8.9%	\$15,265	11.0%	\$2,183	6.5%	\$0	0.0%	\$0	0.0%
Home Health Care	\$15	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Medical Equipment	\$0	0.0%	\$61	0.0%	\$15	0.0%	\$0	0.0%	\$0	0.0%
Mental And Nervous	\$20	0.0%	\$171	0.1%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Office Visits - Doctor Fees	\$30,878	66.9%	\$31,680	22.9%	\$19,714	59.0%	\$0	0.0%	\$0	0.0%
Other	\$1,991	4.3%	\$3,979	2.9%	\$1,144	3.4%	\$0	0.0%	\$0	0.0%
Rehabilitation And Therapy	\$1,194	2.6%	\$1,052	0.8%	\$362	1.1%	\$0	0.0%	\$0	0.0%
Room And Board	\$0	0.0%	\$49,080	35.5%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Rx	\$298	0.6%	\$286	0.2%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Surgery	\$272	0.6%	\$24,587	17.8%	\$8,318	24.9%	\$0	0.0%	\$0	0.0%
Tests, Lab And X-Ray	\$843	1.8%	\$696	0.5%	\$0	0.0%	\$0	0.0%	\$0	0.0%
Unspecified	\$2,395	5.2%	\$4,964	3.6%	\$618	1.8%	\$0	0.0%	\$0	0.0%
Vision	\$0	0.0%	\$21	0.0%	\$49	0.1%	\$0	0.0%	\$0	0.0%
Wellness/ Routine	\$2,623	5.7%	\$1,153	0.8%	\$279	0.8%	\$0	0.0%	\$0	0.0%

Totals	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%	\$0	0.0%	\$0	0.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

Claims by Major Diagnostic Category

Latest Plan Year Paid Claims by Major Diagnostic Category



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Jan-28-2023 for all claims

Claims by Major Diagnostic Category

Major Diagnostic Category	2020 - 2021 Paid 2020 - 2021 % of 2021 - 2022 Paid 2021 - 2022 % of 2022 - 2023 Paid 2022 - 2023 % of			
	Total	Total	Total	Total
Circulatory	\$645	1.4%	\$1,369	1.0%
Digestive	\$940	2.0%	\$30,631	22.1%
Endocrine, Nutritional & Metabolic	\$856	1.9%	\$3,862	2.8%
Factors Influencing Health Status	\$21,511	46.6%	\$24,825	17.9%
Infectious & Parasitic Diseases	\$4,985	10.8%	\$1,674	1.2%
Injuries, Poisonings & Toxic Effects Of Dr	\$3,393	7.4%	\$4,670	3.4%
Kidney & Urinary Tract	\$1,841	4.0%	\$27,232	19.7%
Lymphatic & Blood	\$181	0.4%	\$0	0.0%
Mental Disorders	\$739	1.6%	\$6,109	4.4%
Musculoskeletal & Connective Tissue	\$3,950	8.6%	\$5,379	3.9%
Myeloproliferative Disorders	\$438	1.0%	\$11,485	8.3%
Nervous System	\$1,670	3.6%	\$856	0.6%
Obstetrics	\$265	0.6%	\$13,338	9.6%
Respiratory	\$1,786	3.9%	\$1,641	1.2%
Skin, Subcutaneous Tissue & Breast	\$1,148	2.5%	\$2,812	2.0%
Undefined	\$1,784	3.9%	\$2,509	1.8%

Totals	\$46,132	100.0%	\$138,394	100.0%	\$33,441	100.0%
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Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Jan-28-2023 for all claims

U.S. Blue Card Network

% Billed In & Out of Network by Plan Year



Plan Year	Discount	% Discount
2022 - 2023	\$35,842	54%
2021 - 2022	\$403,558	72%
2020 - 2021	\$71,904	59%

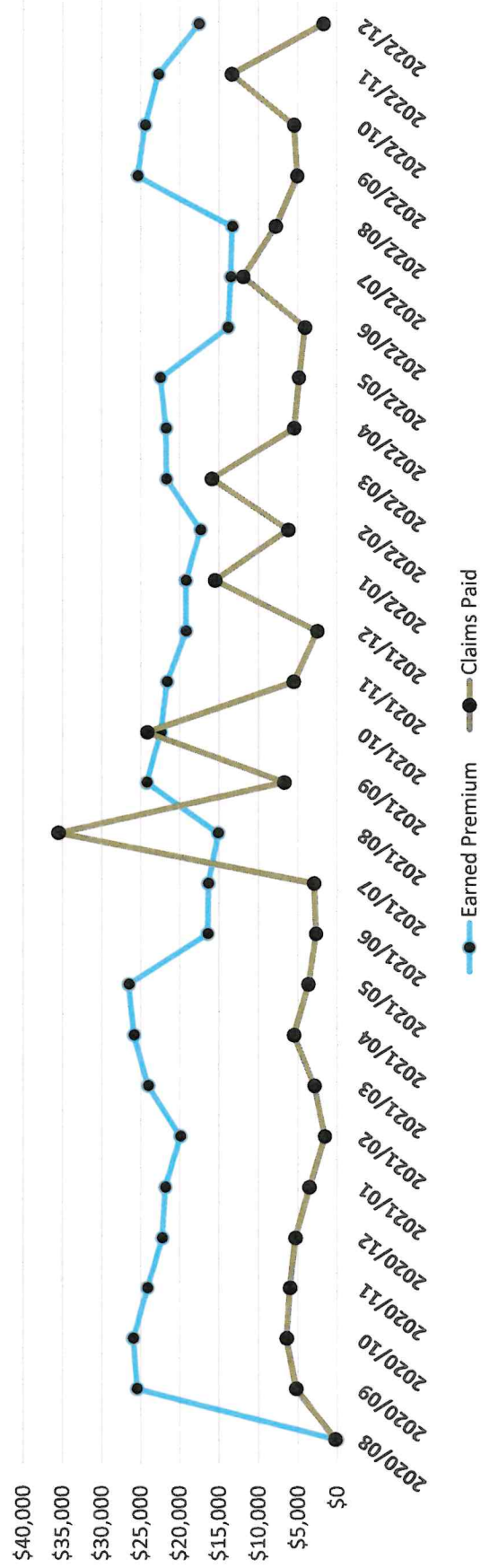


Plan Year	In-Network Billed Charges	In-Network % of Total Billed	In-Network Paid	Out-of-Network Billed Charges	Out-of-Network % of Total Billed	Out-of-Network Paid
2022 - 2023	\$73,066	76%	\$22,397	\$23,121	24%	\$11,044
2021 - 2022	\$641,461	90%	\$124,551	\$71,662	10%	\$12,311
2020 - 2021	\$147,998	73%	\$28,587	\$55,719	27%	\$17,447

Note: Paid amounts will not tie out to other reports as this is representative of US claims only. Discount % is adjusted to remove ineligible charges.

Financial Summary by Incurred Month

Claims Financial Summary (Incurred month)

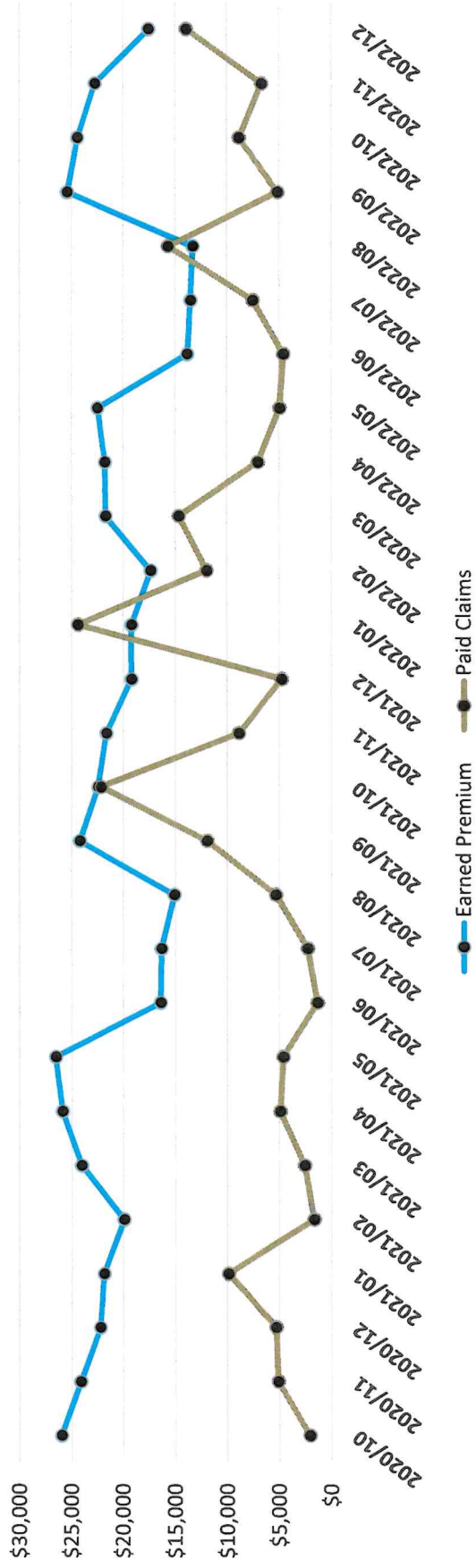


Financial Summary by Incurred Month Table

Plan Year	Incurred Month	Claims Paid	Earned Premium	Paid Loss Ratio
2020 - 2021	2020/08	\$250	\$39	637.5%
2020 - 2021	2020/09	\$5,254	\$25,441	20.7%
2020 - 2021	2020/10	\$6,450	\$25,956	24.8%
2020 - 2021	2020/11	\$6,026	\$24,112	25.0%
2020 - 2021	2020/12	\$5,321	\$22,222	23.9%
2020 - 2021	2021/01	\$3,561	\$21,834	16.3%
2020 - 2021	2021/02	\$1,566	\$19,897	7.9%
2020 - 2021	2021/03	\$2,903	\$24,014	12.1%
2020 - 2021	2021/04	\$5,516	\$25,858	21.3%
2020 - 2021	2021/05	\$3,671	\$26,514	13.8%
2020 - 2021	2021/06	\$2,692	\$16,399	16.4%
2020 - 2021	2021/07	\$2,922	\$16,321	17.9%
2021 - 2022	2021/08	\$35,480	\$15,078	235.3%
2021 - 2022	2021/09	\$6,718	\$24,207	27.8%
2021 - 2022	2021/10	\$24,177	\$22,428	107.8%
2021 - 2022	2021/11	\$5,543	\$21,601	25.7%
2021 - 2022	2021/12	\$2,525	\$19,181	13.2%
2021 - 2022	2022/01	\$15,518	\$19,180	80.9%
2021 - 2022	2022/02	\$6,218	\$17,325	35.9%
2021 - 2022	2022/03	\$15,905	\$21,669	73.4%
2021 - 2022	2022/04	\$5,456	\$21,718	25.1%
2021 - 2022	2022/05	\$4,845	\$22,442	21.6%
2021 - 2022	2022/06	\$4,088	\$13,827	29.6%
2021 - 2022	2022/07	\$11,920	\$13,514	88.2%
2022 - 2023	2022/08	\$7,815	\$13,301	58.8%
2022 - 2023	2022/09	\$5,073	\$25,391	20.0%
2022 - 2023	2022/10	\$5,479	\$24,401	22.5%
2022 - 2023	2022/11	\$13,372	\$22,694	58.9%
2022 - 2023	2022/12	\$1,702	\$17,538	9.7%

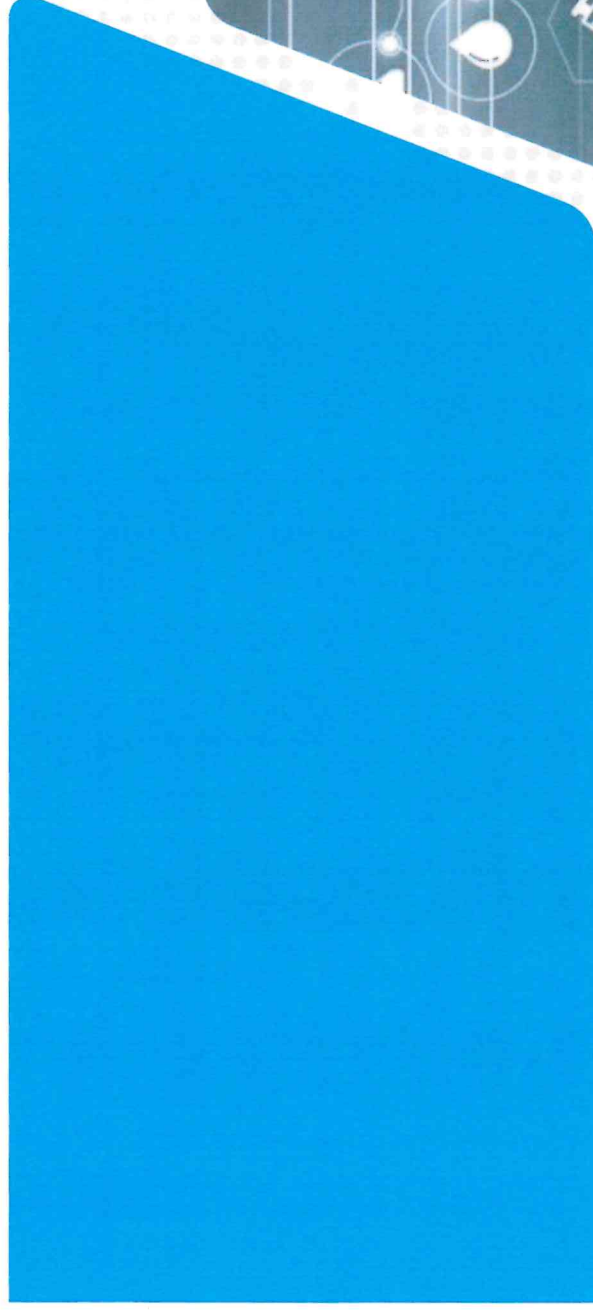
Financial Summary by Paid Month

Claims Financial Summary (Paid month)



Financial Summary by Paid Month Table

Paid Year Month	Claims Paid	Earned Premium	Paid Loss Ratio
2020/10	\$2,070	\$25,956	8.0%
2020/11	\$5,112	\$24,112	21.2%
2020/12	\$5,293	\$22,222	23.8%
2021/01	\$9,881	\$21,834	45.3%
2021/02	\$1,660	\$19,897	8.3%
2021/03	\$2,569	\$24,014	10.7%
2021/04	\$4,896	\$25,858	18.9%
2021/05	\$4,599	\$26,514	17.3%
2021/06	\$1,330	\$16,399	8.1%
2021/07	\$2,268	\$16,321	13.9%
2021/08	\$5,290	\$15,078	35.1%
2021/09	\$11,943	\$24,207	49.3%
2021/10	\$22,120	\$22,428	98.6%
2021/11	\$8,864	\$21,601	41.0%
2021/12	\$4,750	\$19,181	24.8%
2022/01	\$24,365	\$19,180	127.0%
2022/02	\$11,991	\$17,325	69.2%
2022/03	\$14,657	\$21,669	67.6%
2022/04	\$7,022	\$21,718	32.3%
2022/05	\$4,933	\$22,442	22.0%
2022/06	\$4,577	\$13,827	33.1%
2022/07	\$7,528	\$13,514	55.7%
2022/08	\$15,672	\$13,301	117.8%
2022/09	\$5,137	\$25,391	20.2%
2022/10	\$8,822	\$24,401	36.2%
2022/11	\$6,685	\$22,694	29.5%
2022/12	\$13,933	\$17,538	79.4%



GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

This coverage is offered to the members of the Global Citizens Association, Washington, D.C.

SCH-1742-BRC-3/21



Louisiana Tech University Client Report

February 2023

GeoBlue®



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Executive Summary

Current Membership

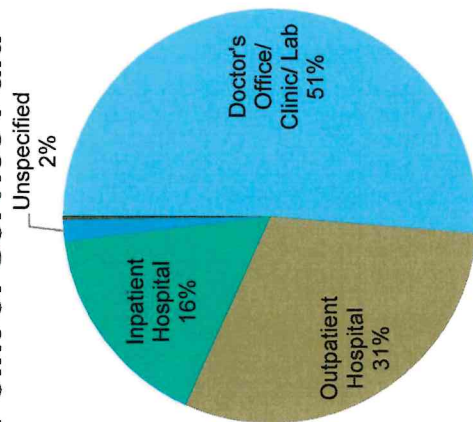
Member Lives
176

% Change -9.7%

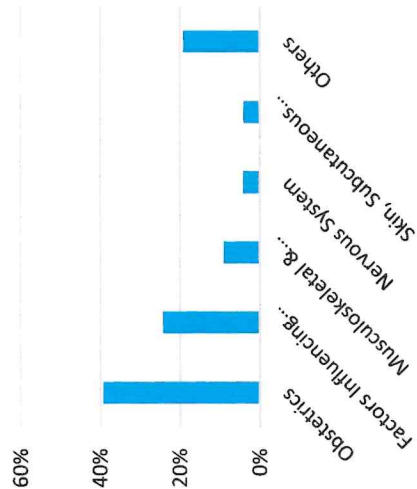
Participant Lives
175

% Change -9.3%

Point of Service Paid

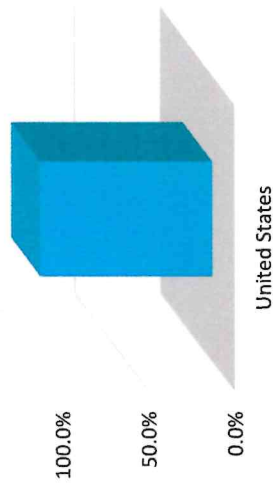


Top Diagnostic Categories



Top 5 Paid Claim Countries

Current Plan Year Paid Loss



Participant Enrollment Demographics

Participant Share by Tier

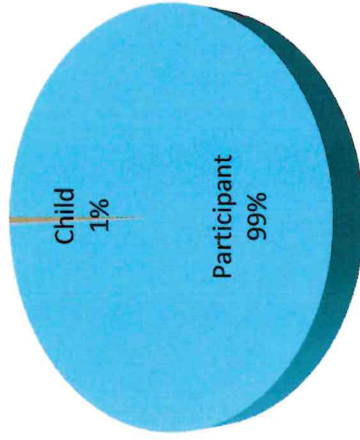


Rates Tier	2020 - 2021				2021 - 2022				2022 - 2023			
	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age	Participant Counts	Average Age
Family	1	35	0	-	0	-	0	-	1	35	0	-
Participant	214	27	191	26	174	26	214	27	191	26	174	26
Participant & Child	1	34	1	35	1	35	1	36	1	34	1	36
Participant & Spouse	1	63	1	64	0	-	1	63	1	64	0	-
Total	217	28	193	26	175	26	217	28	193	26	175	26

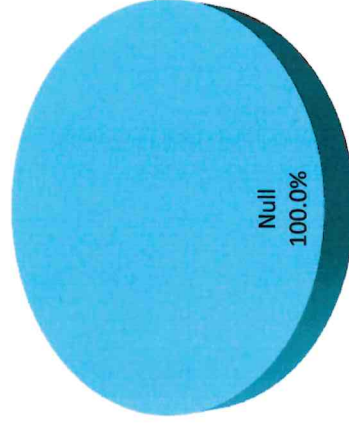
ENROLLMENT	
Prior Year Participant % Change	-11.1%
Current Year Participant % Change	-9.3%

Current Year Member Enrollment Demographics

Relationship % Share



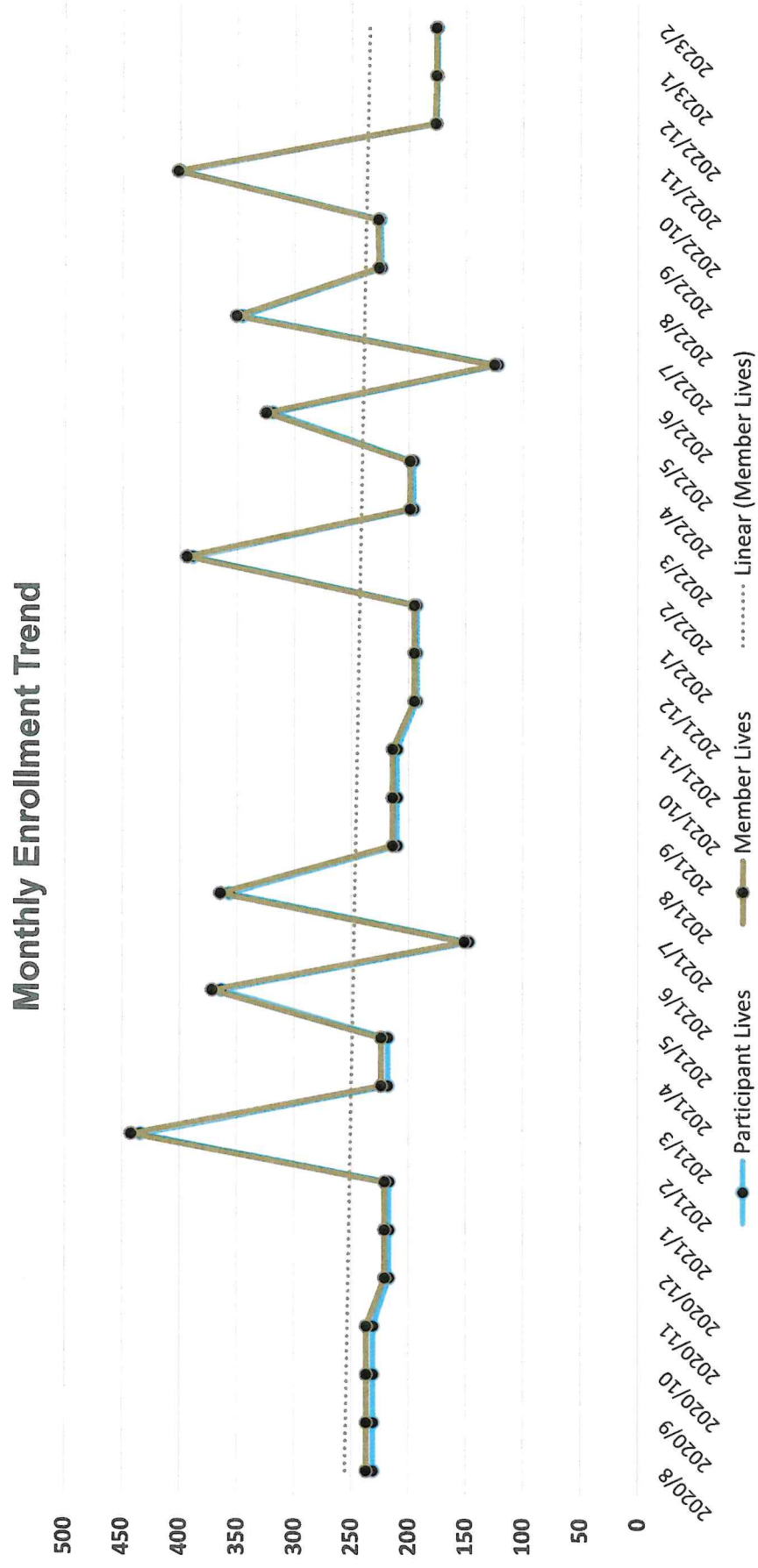
Top 5 Host Countries



ENROLLMENT	
Prior Year Member % Change	-11.8%
Current Year Member % Change	-9.7%

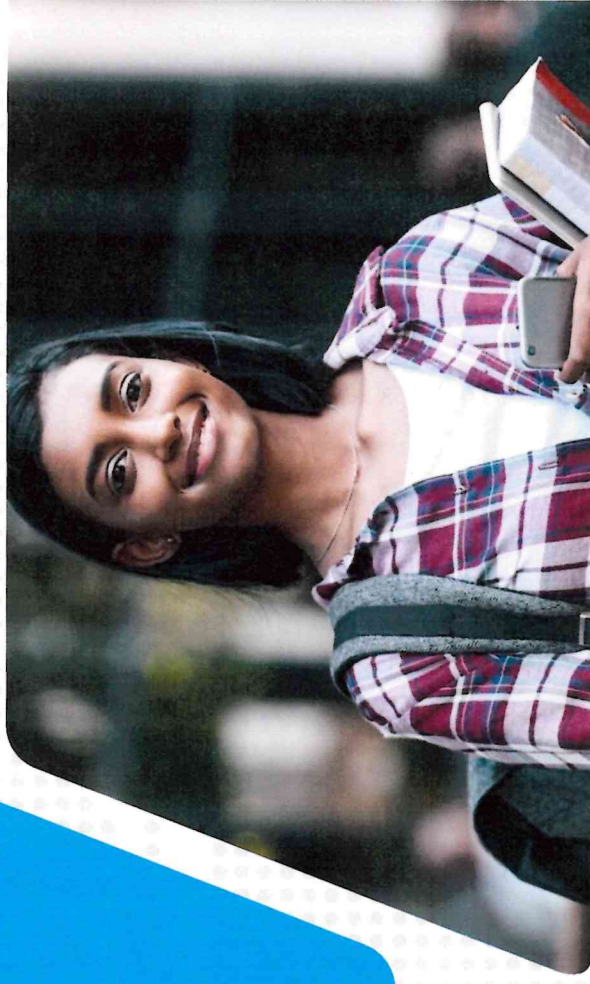
Relationship	Member Lives	Average Age	% of Total	% Male	% Female
Participant	175	26	99%	56.3%	43.2%
Child	1	0	1%	0.6%	0.0%
Member Lives		Average Age	% of Total	% Male	% Female
Total	176	26	100%	56.8%	43.2%

Monthly Participant / Member Lives Trend





Plan Year Claims Reporting



Claims by Relationship

Plan Year Paid Claims by Relationship

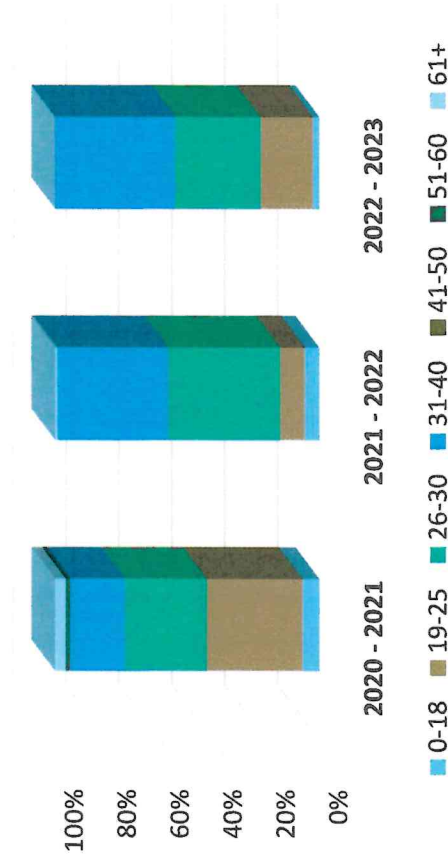


Relationship	2020 - 2021 Paid	2020 - 2021 % of Total	2021 - 2022 Paid	2021 - 2022 % of Total	2022 - 2023 Paid	2022 - 2023 % of Total
Child	\$2,140	6%	\$1,322	1%	\$180	0%
Participant	\$30,737	91%	\$139,512	99%	\$63,632	100%
Spouse	\$781	2%	\$271	0%	\$0	0%
Total	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

Claims by Age Band

Plan Year Paid Claims by Age Band

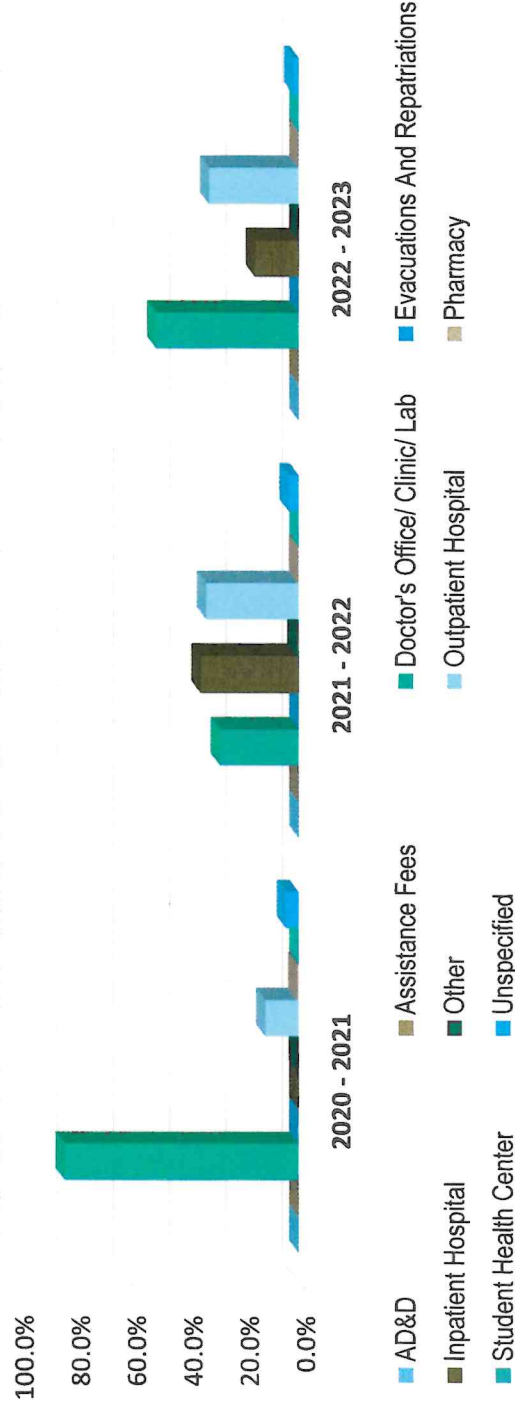


Age Band	2020 - 2021 Paid	2020 - 2021 % of Total	2021 - 2022 Paid	2021 - 2022 % of Total	2022 - 2023 Paid	2022 - 2023 % of Total
0-18	\$2,140	6.4%	\$7,726	5.5%	\$1,509	2.4%
19-25	\$12,159	36.1%	\$13,140	9.3%	\$12,708	19.9%
26-30	\$10,453	31.1%	\$60,063	42.6%	\$20,550	32.2%
31-40	\$7,057	21.0%	\$58,749	41.6%	\$29,044	45.5%
41-50	\$155	0.5%	\$0	0.0%	\$0	0.0%
51-60	\$299	0.9%	\$0	0.0%	\$0	0.0%
61+	\$1,396	4.1%	\$1,428	1.0%	\$0	0.0%
Total	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

Claims by Point of Service

Plan Year Paid Claims by Point of Service



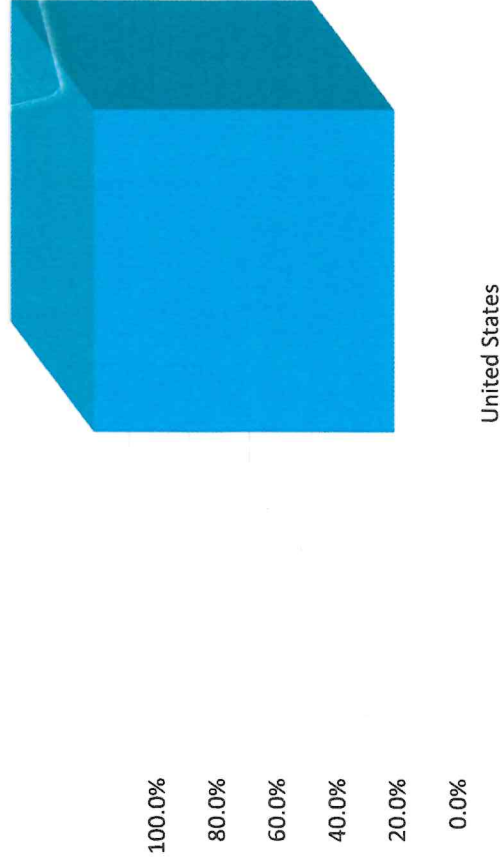
Point of Service	2020 - 2021		2021 - 2022		2022 - 2023	
	Paid	% of Total	Paid	% of Total	Paid	% of Total
Doctor's Office/ Clinic/ Lab	\$27,946	83.0%	\$39,465	28.0%	\$32,298	50.6%
Inpatient Hospital	\$0	0.0%	\$49,080	34.8%	\$9,954	15.6%
Other	\$54	0.2%	\$1,041	0.7%	\$0	0.0%
Outpatient Hospital	\$3,989	11.9%	\$46,269	32.8%	\$20,328	31.9%
Pharmacy	\$158	0.5%	\$286	0.2%	\$0	0.0%
Unspecified	\$1,512	4.5%	\$4,964	3.5%	\$1,232	1.9%

Totals	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%
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Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

Claims by Top 5 Countries

Latest Plan Year Paid Claims by Top 5 Countries



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Mar-28-2023 for all claims

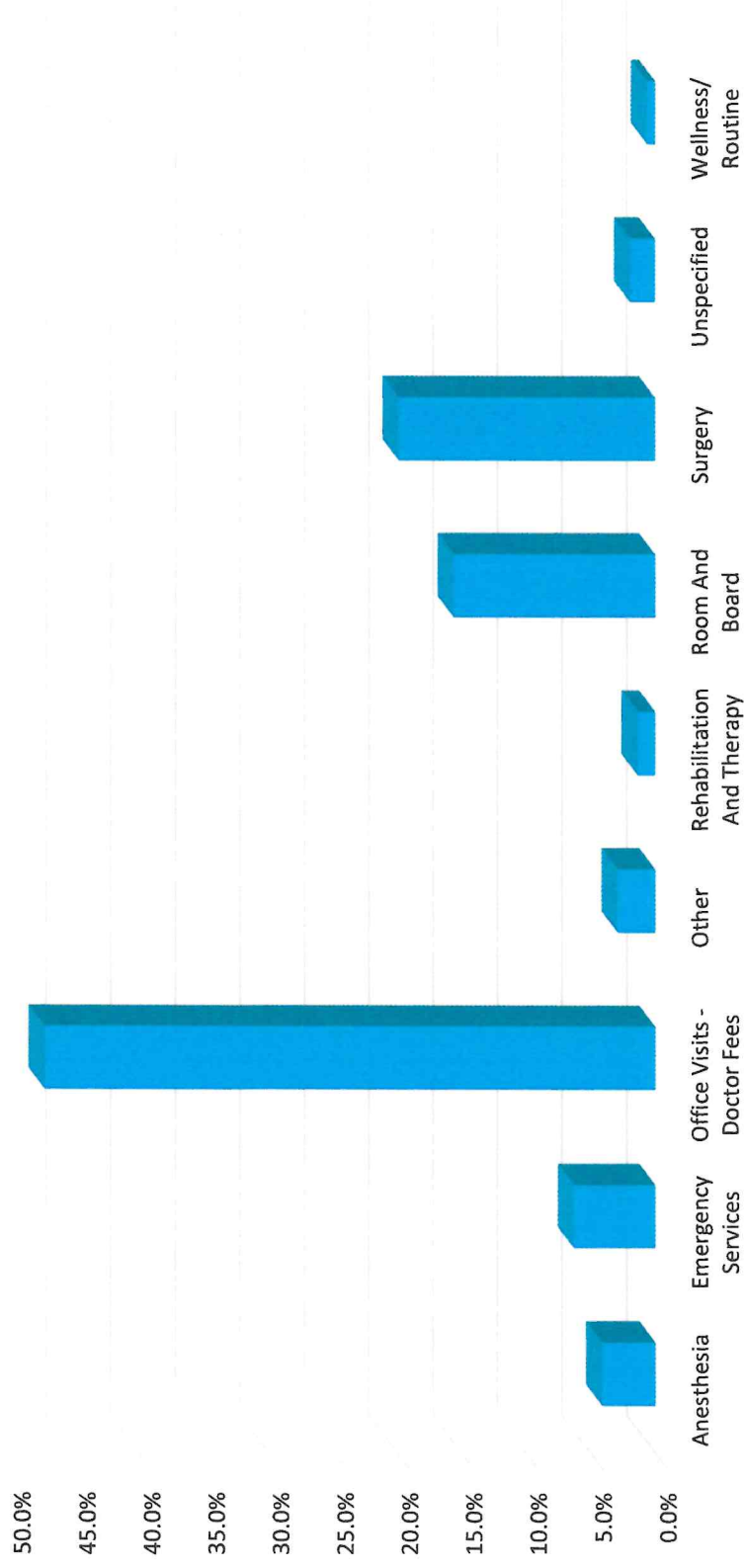
Country	2020 - 2021 Paid	2020 - 2021 % of Total	2021 - 2022 Paid	2021 - 2022 % of Total	2022 - 2023 Paid	2022 - 2023 % of Total
United States	\$33,658	100.0%	\$139,573	98.9%	\$63,812	100.0%
United Kingdom	\$0	0.0%	\$0	0.0%	\$0	0.0%
Pakistan	\$0	0.0%	\$1,532	1.1%	\$0	0.0%

Totals	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%
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Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

Claims by Benefit

Latest Plan Year Paid Claims by Benefit



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Feb-28-2023 for all claims

Claims by Benefit

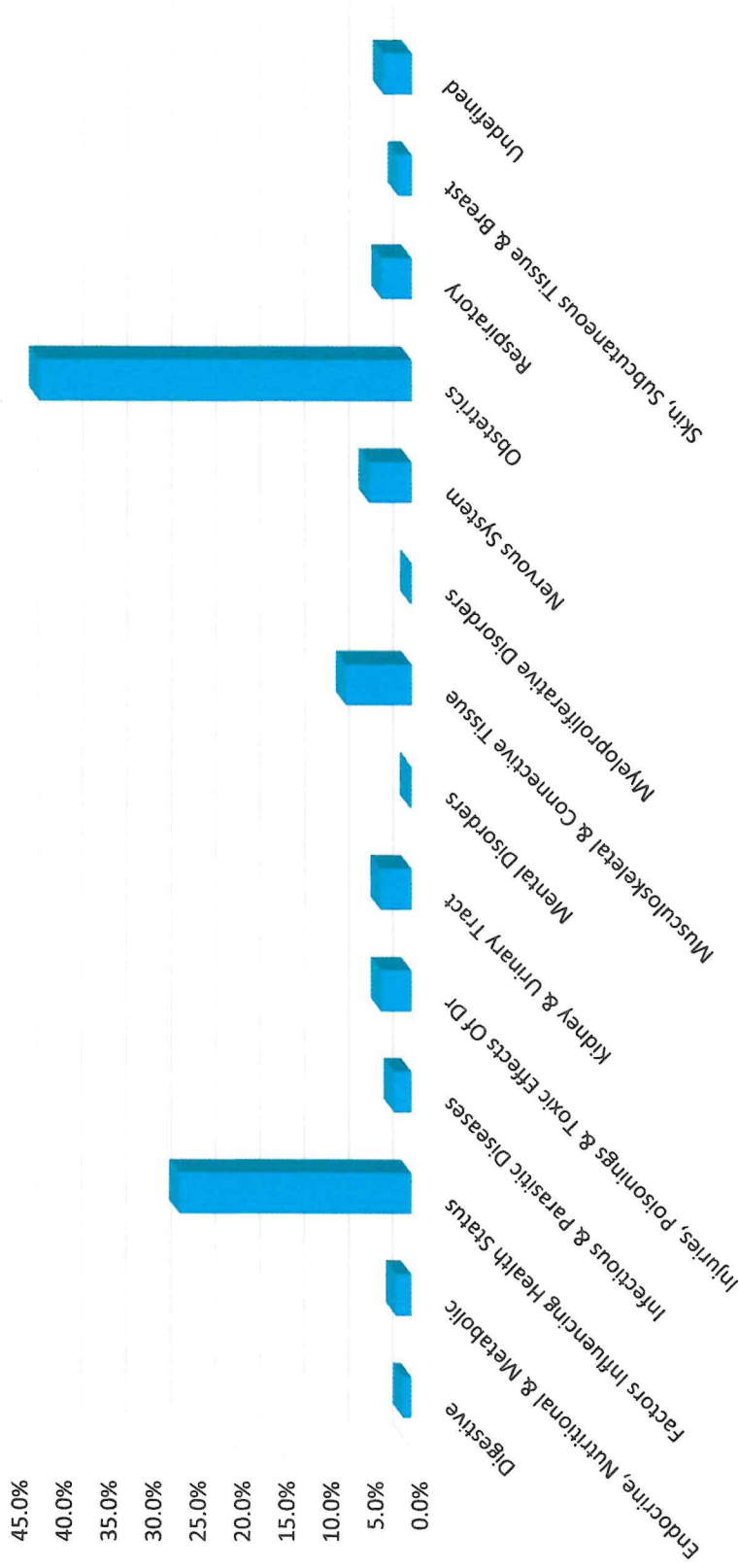
Benefit	2020 - 2021		2021 - 2022		2022 - 2023	
	Paid	% of Total	Paid	% of Total	Paid	% of Total
Ambulance	\$0	0.0%	\$911	0.6%	\$0	0.0%
Anesthesia	\$0	0.0%	\$4,454	3.2%	\$2,605	4.1%
Chiropractic Services	\$64	0.2%	\$34	0.0%	\$0	0.0%
Dental	\$0	0.0%	\$0	0.0%	\$0	0.0%
Emergency Services	\$2,071	6.2%	\$15,265	10.8%	\$3,992	6.3%
Home Health Care	\$15	0.0%	\$0	0.0%	\$0	0.0%
Medical Equipment	\$0	0.0%	\$61	0.0%	\$30	0.0%
Mental And Nervous	\$20	0.1%	\$171	0.1%	\$0	0.0%
Office Visits - Doctor Fees	\$24,318	72.2%	\$33,091	23.5%	\$30,169	47.3%
Other	\$1,984	5.9%	\$5,128	3.6%	\$1,840	2.9%
Rehabilitation And Therapy	\$942	2.8%	\$1,052	0.7%	\$862	1.4%
Room And Board	\$0	0.0%	\$49,080	34.8%	\$9,954	15.6%
Rx	\$158	0.5%	\$286	0.2%	\$0	0.0%
Surgery	\$117	0.3%	\$24,738	17.5%	\$12,688	19.9%
Tests, Lab And X-Ray	\$843	2.5%	\$696	0.5%	\$0	0.0%
Unspecified	\$1,512	4.5%	\$4,964	3.5%	\$1,232	1.9%
Vision	\$0	0.0%	\$21	0.0%	\$49	0.1%
Wellness/ Routine	\$1,615	4.8%	\$1,153	0.8%	\$391	0.6%

Totals	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%

Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

Claims by Major Diagnostic Category

Latest Plan Year Paid Claims by Major Diagnostic Category



Note: Report includes information for claims both incurred and paid from Aug-29-2022 through Feb-28-2023 for all claims

Claims by Major Diagnostic Category

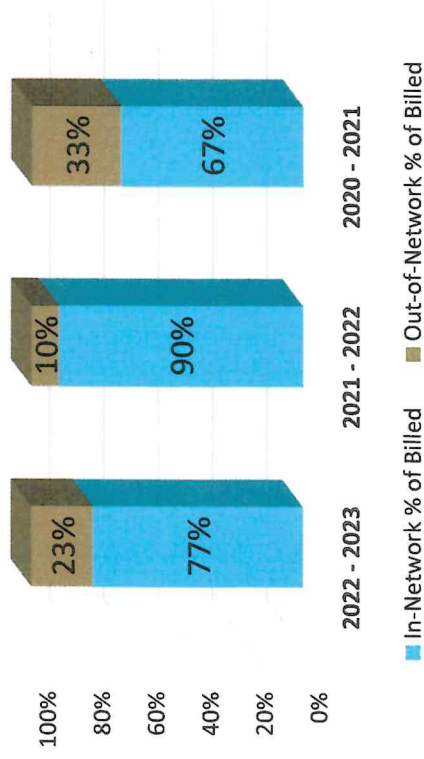
Major Diagnostic Category	2020 - 2021 Paid 2020 - 2021 % of 2021 - 2022 Paid 2021 - 2022 % of 2022 - 2023 Paid 2022 - 2023 % of			
	Total	Total	Total	Total
Circulatory	\$645	1.9%	\$1,604	1.1%
Digestive	\$940	2.8%	\$30,766	21.8%
Endocrine, Nutritional & Metabolic	\$763	2.3%	\$3,862	2.7%
Factors Influencing Health Status	\$14,357	42.7%	\$26,141	18.5%
Infectious & Parasitic Diseases	\$3,391	10.1%	\$1,737	1.2%
Injuries, Poisonings & Toxic Effects Of Dr	\$1,442	4.3%	\$4,943	3.5%
Kidney & Urinary Tract	\$1,341	4.0%	\$27,232	19.3%
Lymphatic & Blood	\$181	0.5%	\$0	0.0%
Mental Disorders	\$739	2.2%	\$6,109	4.3%
Musculoskeletal & Connective Tissue	\$3,606	10.7%	\$5,514	3.9%
Myeloproliferative Disorders	\$357	1.1%	\$11,485	8.1%
Nervous System	\$1,250	3.7%	\$856	0.6%
Obstetrics	\$28	0.1%	\$13,338	9.5%
Respiratory	\$1,688	5.0%	\$2,261	1.6%
Skin, Subcutaneous Tissue & Breast	\$1,148	3.4%	\$2,812	2.0%
Undefined	\$1,784	5.3%	\$2,444	1.7%

Totals	\$33,658	100.0%	\$141,105	100.0%	\$63,812	100.0%
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Note: Report includes information for claims both incurred and paid from Aug-29-2020 through Feb-28-2023 for all claims

U.S. Blue Card Network

% Billed In & Out of Network by Plan Year



In-Network Discounts

Plan Year	Discount	% Discount
2022 - 2023	\$86,075	60%
2021 - 2022	\$403,633	73%
2020 - 2021	\$38,819	57%

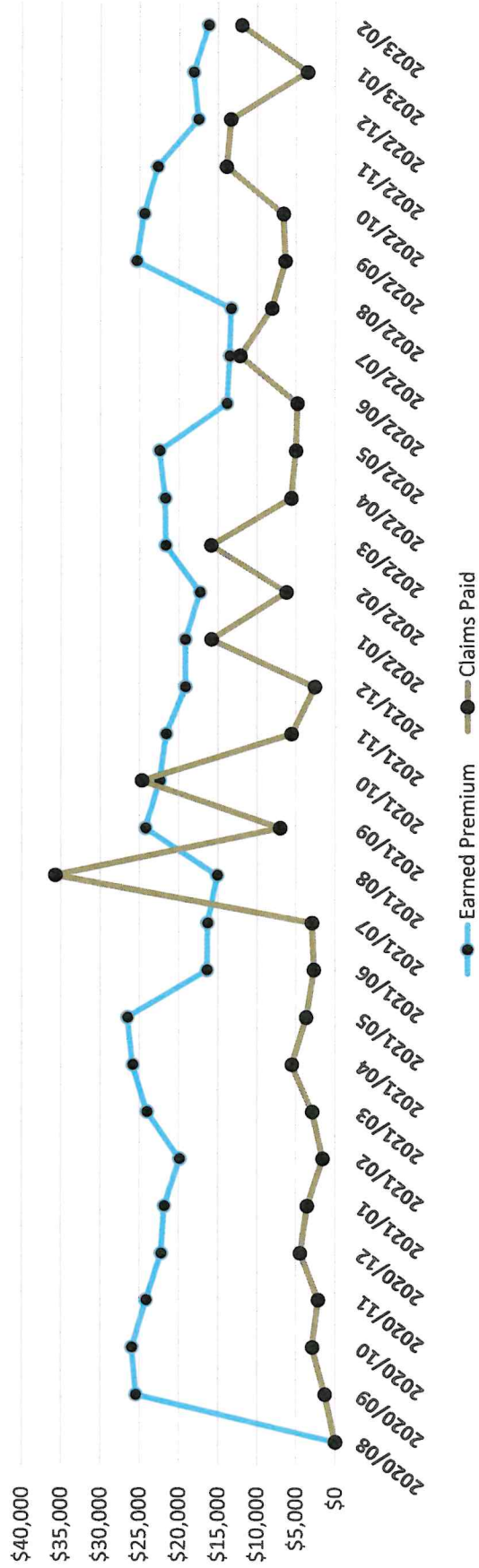


Plan Year	In-Network Billed Charges	In-Network % of Total Billed	In-Network Paid	Out-of-Network Billed Charges	Out-of-Network % of Total Billed	Out-of-Network Paid
2022 - 2023	\$157,450	77%	\$47,050	\$45,968	23%	\$16,762
2021 - 2022	\$641,936	90%	\$124,086	\$71,879	10%	\$15,487
2020 - 2021	\$88,788	67%	\$17,669	\$43,357	33%	\$15,989

Note: Paid amounts will not tie out to other reports as this is representative of US claims only. Discount % is adjusted to remove ineligible charges.

Financial Summary by Incurred Month

Claims Financial Summary (Incurred month)

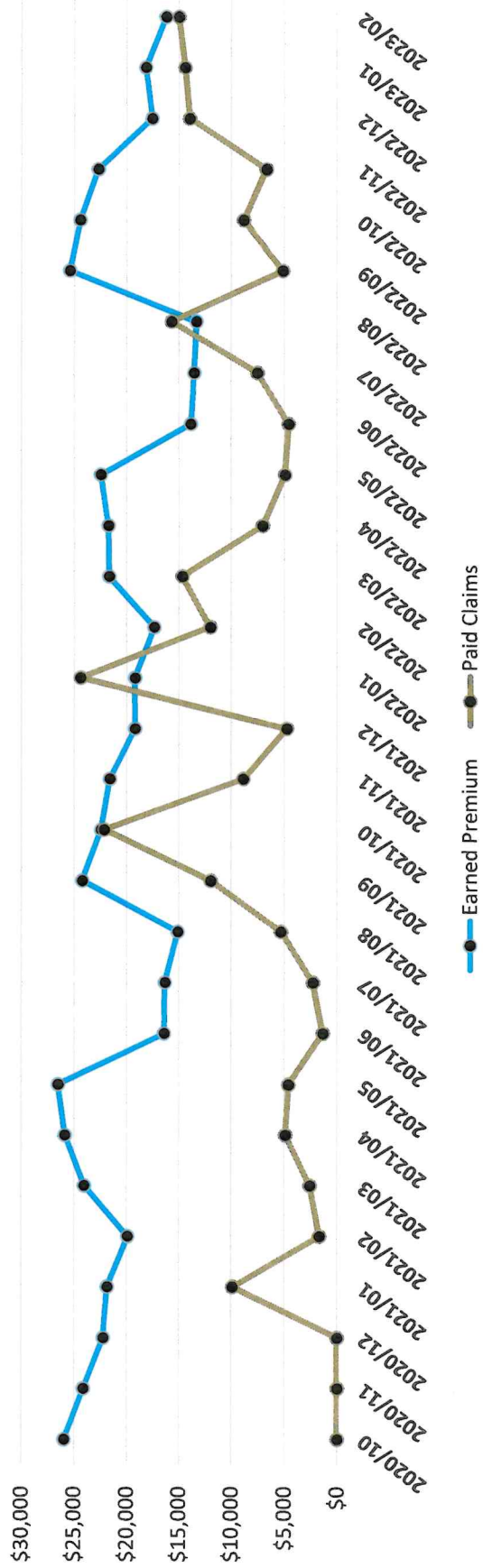


Financial Summary by Incurred Month Table

Plan Year	Incurred Month	Claims Paid	Earned Premium	Paid Loss Ratio
2020 - 2021	2020/08	\$0	\$39	0.0%
2020 - 2021	2020/09	\$1,316	\$25,441	5.2%
2020 - 2021	2020/10	\$2,920	\$25,956	11.2%
2020 - 2021	2020/11	\$2,149	\$24,112	8.9%
2020 - 2021	2020/12	\$4,442	\$22,222	20.0%
2020 - 2021	2021/01	\$3,561	\$21,834	16.3%
2020 - 2021	2021/02	\$1,566	\$19,897	7.9%
2020 - 2021	2021/03	\$2,903	\$24,014	12.1%
2020 - 2021	2021/04	\$5,516	\$25,858	21.3%
2020 - 2021	2021/05	\$3,671	\$26,514	13.8%
2020 - 2021	2021/06	\$2,692	\$16,399	16.4%
2020 - 2021	2021/07	\$2,922	\$16,321	17.9%
2021 - 2022	2021/08	\$35,721	\$15,078	236.9%
2021 - 2022	2021/09	\$6,993	\$24,207	28.9%
2021 - 2022	2021/10	\$24,677	\$22,428	110.0%
2021 - 2022	2021/11	\$5,543	\$21,601	25.7%
2021 - 2022	2021/12	\$2,588	\$19,181	13.5%
2021 - 2022	2022/01	\$15,862	\$19,180	82.7%
2021 - 2022	2022/02	\$6,218	\$17,325	35.9%
2021 - 2022	2022/03	\$15,905	\$21,669	73.4%
2021 - 2022	2022/04	\$5,591	\$21,718	25.7%
2021 - 2022	2022/05	\$5,021	\$22,442	22.4%
2021 - 2022	2022/06	\$4,830	\$13,827	34.9%
2021 - 2022	2022/07	\$12,155	\$13,514	89.9%
2022 - 2023	2022/08	\$8,044	\$13,301	60.5%
2022 - 2023	2022/09	\$6,364	\$25,391	25.1%
2022 - 2023	2022/10	\$6,605	\$24,401	27.1%
2022 - 2023	2022/11	\$13,915	\$22,694	61.3%
2022 - 2023	2022/12	\$13,369	\$17,538	76.2%
2022 - 2023	2023/01	\$3,518	\$18,144	19.4%
2022 - 2023	2023/02	\$11,996	\$16,206	74.0%

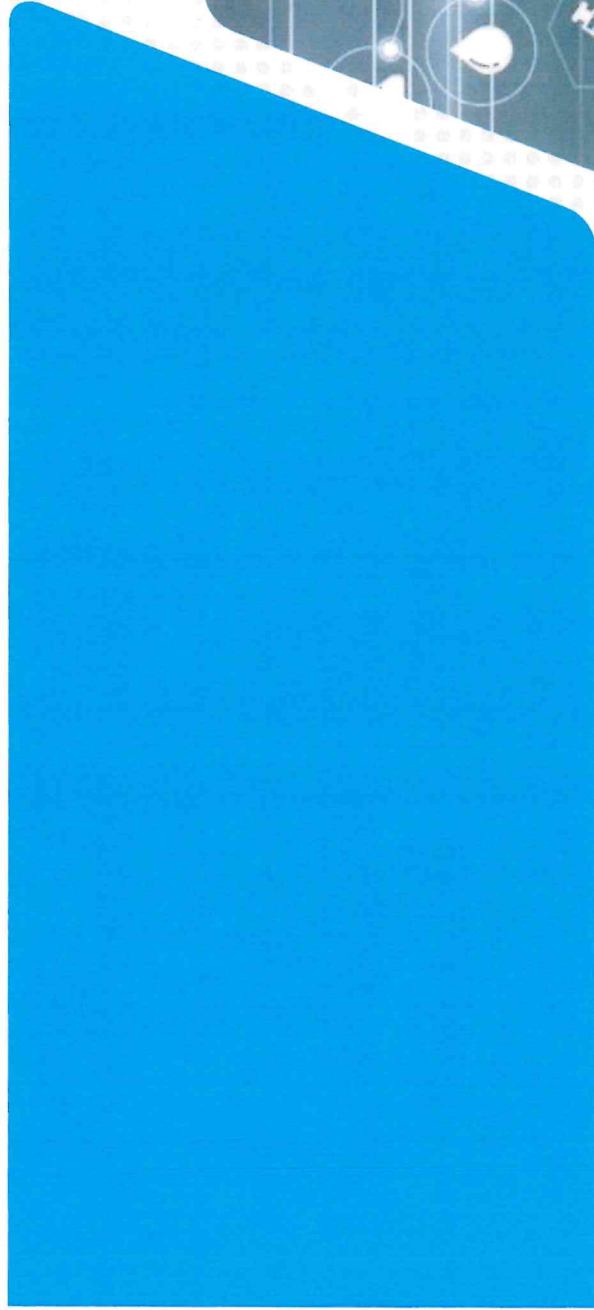
Financial Summary by Paid Month

Claims Financial Summary (Paid month)



Financial Summary by Paid Month Table

Paid Year Month	Claims Paid	Earned Premium	Paid Loss Ratio
2021/01	\$9,881	\$21,834	45.3%
2021/02	\$1,660	\$19,897	8.3%
2021/03	\$2,569	\$24,014	10.7%
2021/04	\$4,896	\$25,858	18.9%
2021/05	\$4,599	\$26,514	17.3%
2021/06	\$1,330	\$16,399	8.1%
2021/07	\$2,268	\$16,321	13.9%
2021/08	\$5,290	\$15,078	35.1%
2021/09	\$11,943	\$24,207	49.3%
2021/10	\$22,120	\$22,428	98.6%
2021/11	\$8,864	\$21,601	41.0%
2021/12	\$4,750	\$19,181	24.8%
2022/01	\$24,365	\$19,180	127.0%
2022/02	\$11,991	\$17,325	69.2%
2022/03	\$14,657	\$21,669	67.6%
2022/04	\$7,022	\$21,718	32.3%
2022/05	\$4,933	\$22,442	22.0%
2022/06	\$4,577	\$13,827	33.1%
2022/07	\$7,528	\$13,514	55.7%
2022/08	\$15,672	\$13,301	117.8%
2022/09	\$5,137	\$25,391	20.2%
2022/10	\$8,822	\$24,401	36.2%
2022/11	\$6,685	\$22,694	29.5%
2022/12	\$13,933	\$17,538	79.4%
2023/01	\$14,378	\$18,144	79.2%
2023/02	\$14,972	\$16,206	92.4%



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SCHL1742-BRK-3/21

GeoBlue® Student Member Guide



Your Guide to GeoBlue®

Welcome to GeoBlue, a program designed to keep you safe and healthy throughout your journey. Your GeoBlue® health insurance plan provides you access to global medical expertise with responsive, multi-channel service. Download our app or register online to learn about the extra care you receive when you travel with GeoBlue.



Getting Started

Important plan information and health tools



Getting Care

How to get care when you are in the U.S.



Accessing Self-Service Tools

Convenient online and mobile tools



Submitting a Claim

File a claim for reimbursement



Reviewing Plan Benefits

What is covered by your plan?

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Getting Started

Important plan information and health tools



Download the GeoBlue app to register

Download our app from the Apple or Google Play app stores to put your plan in the palm of your hand:

- Display an electronic ID card
- Locate Blue Cross and Blue Shield providers and hospitals within the U.S.
- Arrange direct payment to your provider
- Access global health and safety tools including translations, drug equivalents, news and safety information
- Submit and track claims

You can also register online at www.geobluestudents.com.

Get your GeoBlue ID card

It is important to have your GeoBlue ID card to access healthcare services; you will need to present your ID card whenever you receive medical care. This card can be accessed from multiple sources:

- You can show, fax or email your ID card through the app
- Your ID card is available in the Member Hub on www.geobluestudents.com
- Customer Service can provide replacement ID cards

When you receive your ID card, please check the information for accuracy. Call Customer Service if you find an error.

Visit the GeoBlue Member Hub

Visit the Member Hub on www.geobluestudents.com to view important plan information and to access convenient self-service tools. Login with the username and password you created when you registered through the app. If you have not previously registered through the app, you can register directly online.

Need help with registration?

Contact us for assistance:

Inside the U.S. call **1.844.268.2686**

Outside the U.S. call **+1.610.263.2847**

customerservice@geo-blue.com

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Getting Care

Get care when you are in the U.S.

Student health center

Student health centers are a convenient healthcare option for basic health services. Consult your school's resources for more specific information about the care available to you, location(s) and hours. If you choose to receive care from your student health center, coinsurance, copayments and/or deductibles may be waived.

Finding a provider

If you need care outside of what is available from your institution, you also have access to the Blue Cross and Blue Shield network within the U.S., Puerto Rico, and U.S. Virgin Islands. To find a doctor or facility, visit the "Provider Finder" section in the Member Hub on www.geobluestudents.com or in the app.

Contact us for assistance:

- Toll free within the U.S. call 1.844.268.2686
- Outside the U.S. call +1.610.263.2847
- customerservice@geo-blue.com

Scheduling an appointment with a Blue Cross and Blue Shield provider

Call the provider to confirm they are in network and schedule your appointment. At the time of service, you will need to show the provider your GeoBlue ID card and tell them you are covered by Blue Cross and Blue Shield.

Using an out-of-network provider

This typically results in a higher coinsurance and may result in additional costs to you. If you receive care from an out-of-network provider, you may need to pay out of pocket and submit a claim for reimbursement. Click "How to File a Claim" in the Member Hub on www.geobluestudents.com to download the appropriate claim form. Submit claims electronically using the GeoBlue app or the "File an eClaim" link on the Member Hub.

Prescription benefits

Present your ID card at any participating pharmacy and you will be charged in accordance with your plan benefits.*

Paying for care - Glossary of terms

In the U.S., your health plan typically pays your medical bills for you with the following exceptions:

- **Copay or Copayment:** The specific dollar amount you will pay at the time of service.
- **Coinsurance:** The percentage of the cost you are responsible for.
- **Deductible:** An amount you are responsible to pay for eligible expenses before the plan begins to pay.
- **Out-of-Network Provider:** Medical provider who is not contracted with Blue Cross and Blue Shield companies. This typically results in a higher coinsurance and may result in additional costs to you.

See your Certificate of Coverage for details.



In the event of a medical emergency

If you have an emergency, dial 911 or go to the closest Emergency Room immediately. If you're not sure whether your situation is an emergency, dial 911 and let the call-taker determine if you need emergency help. Once you are safe, call the Medical Assistance phone number for 24/7 care located on the back of your ID card. We will then take the appropriate action to assist and monitor your medical care until the situation is resolved.

*Certain limitations and exclusions apply to your coverage under this plan and may affect your coverage. Your Certificate of Insurance is on file with your school and in the Member Hub on www.geobluestudents.com

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Accessing Self-Service Tools

Convenient online and mobile tools

Find a doctor or facility

Review detailed profiles of contracted doctors to find the best match and then locate the office.

Translate medications

Find country-specific equivalents for prescription and over-the-counter medications.

Translate medical terms and phrases

Translate hundreds of key medical phrases and terms into the most widely spoken languages with audio clips and transliterations.

Understand health and security risks

Receive daily alerts detailing the latest security and health issues in your destination. View country or city profiles on crime, terrorism or natural disasters.

Telehealth

Members have anytime access to remotely delivered care through **Global TeleMD™**, a new smartphone app—at no additional cost—which provides confidential access to international doctors by telephone or video call.

Features include:

- Global network of doctors
- Medical guidance and consultations (for non-medical emergencies)
- Same-day virtual appointments, available 24/7
- Multiple language options
- Consultation notes sent directly to your phone
- Prescriptions and referral letters (subject to local regulation)

Global Assistance Program

Global Wellness Assist is an international assistance program (commonly referred to as an employee assistance program or EAP) for students, faculty and staff traveling globally on behalf of a college or university, providing access to free, confidential assistance any time, any day. Professionals are ready to assist with any issue.

Features include:

- Available 24/7/365
- Up to 6 sessions of counseling per issue, per year (telephonic and in person)
- Information, resources and counseling on any work, life, personal or family issue
- Available worldwide by phone, email or web
- No additional cost to use
- Available in several languages



Visit **www.geobluestudents.com** or **download the GeoBlue app** to access self-service tools for navigating risks and finding the best care options.

Services are provided by WorkPlace Options, an independent company that is not affiliated with GeoBlue and does not provide Blue Cross or Blue Shield products or services. WorkPlace Options is solely responsible for referring participants for counseling, coaching and work-life services by providers who are appropriately licensed by local authorities. The evaluation and efficacy of any service delivered by a provider lies solely with the employee, spouse, dependent or other authorized party who inquires on behalf of the participant. GeoBlue shall have no responsibility or liability whatsoever for any aspect of the provider counseling or the counselor/participant relationship.

Telemedicine services are provided by Teladoc Health, directly to you. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of their services. Support and information provided through this service does not confirm that any related treatment or additional support is covered under your health plan. To discuss the coverage under your health plan, please contact us. This service is not intended to be used for emergency or urgent treatment medical questions.

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Submitting a Claim

File a claim for reimbursement

eClaims

You can quickly and conveniently submit claims electronically, through the app or through the Member Hub on www.geobluestudents.com. Scanned paper documents are delivered directly to our Claims Department and your eClaims are saved in the Claims section of the Member Hub.

Choose "Claims" in the GeoBlue app or visit the "File an eClaim" section of the Member Hub on www.geobluestudents.com.

Email and fax

If you prefer to submit a claim via email or fax, a printable claim form and detailed instructions are available in the Member Hub on www.geobluestudents.com.

Visit the "How to File a Claim" section of the Member Hub on www.geobluestudents.com and click "How do you file a claim with GeoBlue?" to download the appropriate claim form.

Email: claims@geo-blue.com

Fax: +1.610.482.9623

Postal mail

If you prefer to submit a claim via postal mail, a printable claim form and detailed instructions are available in the Member Hub on www.geobluestudents.com.

Visit the "How to File a Claim" section of the Member Hub on www.geobluestudents.com and click "How do you file a claim with GeoBlue?" to download the appropriate claim form.

Claims Incurred Inside the U.S., Puerto Rico and the U.S. Virgin Islands:

GeoBlue, P.O. Box 21974, Eagan, MN 55121

Checking the status of your claim

To check your claim status, choose "Claims" in the GeoBlue app or visit the "View My Claims" section of the Member Hub on www.geobluestudents.com.



Reviewing Plan Benefits

What is covered by your plan?

**SCHEDULE OF BENEFITS
TABLE 1**

	Limits Individual Insured	Limits Spouse	Limits Dependent Child(ren)
MEDICAL EXPENSES			
Coverage Year Limit	\$250,000	\$250,000	\$250,000
Coverage Year Deductible	\$200 per Coverage Year	\$200 per Coverage Year	\$200 per Coverage Year
Coverage Year Out-of-Pocket Limit The most You pay during a Plan Year in Cost-Sharing before We begin to pay 100% of the Allowed Amount for Covered Services, subject to the limits and provisions of this Certificate	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.	After the Covered Person reaches a \$5,000 Out-of-pocket Limit per Coverage Year, the Insurer pays the Allowed Amount at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, Prescription Drug Copayments and amounts above the maximums do not apply toward the Out-of-pocket Limit.
EMERGENCY TRANSPORTATION SERVICES			
Emergency Medical Evacuation	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year
Emergency Family Travel Arrangements	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year	Maximum Benefit up to \$1,500 per Coverage Year
Repatriation of Mortal Remains	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year	Maximum Benefit up to \$50,000 per Coverage Year
OTHER COVERAGES			
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000	Maximum Benefit: Principal Sum up to \$5,000	Maximum Benefit: Principal Sum up to \$1,000

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Reviewing Plan Benefits

What is covered by your plan?

**SCHEDULE OF BENEFITS
TABLE 2
MEDICAL EXPENSE BENEFITS**

MEDICAL EXPENSES	Participating Provider+	Non-Participating Provider
Physician Office Visits*	After the Deductible is satisfied, 100% of the Allowed Amount after a \$25 Copayment per visit	After the Deductible is satisfied, 80% of the Allowed Amount
Treatment at an Urgent Care Facility	After the Deductible is satisfied, 100% of the Allowed Amount after a \$35 Copayment per visit	After the Deductible is satisfied, 80% of the Allowed Amount
Hospital and Physician Outpatient Services	After the Deductible is satisfied, 100% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 80% of the Allowed Amount
Inpatient Hospital Services	After the Deductible is satisfied, 100% of the Allowed Amount after a \$50 Copayment per visit	After the Deductible is satisfied, 80% of the Allowed Amount
Emergency Hospital Services	After the Deductible is satisfied, 100% of the Allowed Amount after a \$150 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived	After the Deductible is satisfied, 80% of the Allowed Amount

+Payment of Covered Medical Expenses for Participating Providers is based on the Allowed Amount. Participating Providers have agreed to accept the Allowed Amount as payment in full.

*All Physician Visit Copayments and deductibles are waived for treatment received at Recognized Student Health Center.

If a Covered Person requires emergency treatment of an Injury or Sickness and incurs covered expenses at a non-Preferred Provider, Covered Medical Expenses for the Emergency Medical Care rendered during the course of the emergency will be treated as if they had been incurred at a Preferred Provider.

If a Covered Person incurs Covered Medical Expenses for services or supplies that are not of the type provided by any Preferred Provider, these Covered Medical Expenses will be treated as if they had been incurred at a Preferred Provider.

**SCHEDULE OF BENEFITS
TABLE 3
MEDICAL EXPENSE BENEFITS**

The benefits listed below are subject to coverage maximums, Deductible, Coinsurance, and Copayments listed in Tables 1 & 2 above.	
MEDICAL EXPENSES	Covered Person
Maternity Care for a Covered Pregnancy	Allowed Amount
Complications of Pregnancy	Allowed Amount
Inpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$10,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including substance abuse	Allowed Amount up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year.

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Reviewing Plan Benefits

What is covered by your plan?

MEDICAL EXPENSES	Covered Person
Treatment of specified therapies, including acupuncture and Physiotherapy	Allowed Amount up to \$500 Maximum per Coverage Year on an Outpatient basis
Routine Preventive Care Services	Allowed Amount up to a Coverage Year Maximum of \$250
Annual cervical cytology screening for women 18 and older	Allowed Amount
Low dose mammography screening, one baseline mammogram and one mammogram per year	Allowed Amount
Colorectal cancer screenings	Allowed Amount
Diabetic Supplies/Education	Allowed Amount
Prostate screening tests	Allowed Amount
Child Preventive and Primary Care Services	Allowed Amount
Breast Reconstruction due to Mastectomy	Allowed Amount
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$500 per Coverage Year maximum
Medical treatment arising from participation in intramural or club sports	Allowed Amount
Outpatient prescription drugs including oral contraceptives and devices	75% of the Allowed Amount. Limited to a 31 day supply for initial fill or refill

GENERAL CERTIFICATE EXCLUSIONS

Unless specifically provided for elsewhere under the Certificate, the Certificate does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.

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Reviewing Plan Benefits

What is covered by your plan?

10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to, sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
25. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from
 - a. participating in any intercollegiate/interscholastic or professional sports, contest or competition;
 - b. Racing or speed contests;
 - c. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
29. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
30. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
31. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. Routine hearing tests except as provided under Preventive and Primary Care.
34. Expense covered under any Other Plan.
35. To the extent that such payments would be prohibited by law.

This pamphlet contains a brief summary of the features and benefits for insured participants covered under your school health insurance. This is not a contract of insurance. Coverage is provided under an insurance policy under which your school is a participating school. Coverage is provided under insurance policies issued by 4 Ever Life International Limited, Bermuda. Complete information on the insurance is contained in the Certificate of Insurance which is on file with the school and is made available to all insured participants. If there is a difference between this program description and the certificate wording, the certificate controls.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

This coverage is offered to the members of the Global Citizens Association, Washington, D.C.



For questions about your medical plan:

Toll free within the U.S. call 1-844-268-2686

Outside the U.S. call +1-610-263-2847

customerservice@geo-blue.com



933 First Avenue
King of Prussia, PA 19406



Local Representative
CA License # 0G55426
Tel: 1-800-537-1777
Fax: 1-310-394-0142
For plan information, please visit:
www.4studenthealth.com

An authorized agency offering
GeoBlue products.



Underwritten by 4 Ever Life
International Limited
2 Mid America Plaza, Suite 200
Oakbrook Terrace, Illinois 60181

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SCHL2303-MEM-3/22

THIS IS A REQUEST FOR A SEALED BID

INSTRUCTIONS TO BIDDERS

1. Read the entire bid, including all terms and conditions and specifications.
2. Louisiana Tech University is not liable for any cost incurred by the bidders prior to execution of a contract and the issuance of a purchase order. Any bidder who ships or otherwise expends time or money prior to award as defined does so at the bidder's own risk.
3. All bid prices must be typed or written in ink. Any corrections, erasures or other forms of alteration to unit prices should be initialed by the bidder. If the bidder needs to submit a change, question, exception, or modification to any aspect of the bid specifications, terms, conditions, or bidder instructions, must do so in written form submitted to the Louisiana Tech University Purchasing Office prior to the bid opening date. All responses and/or addenda will be officially submitted by the Louisiana Tech University Purchasing Office 72 business hours before the bid opening date. Business hours is defined as University operating hours while the University is open. Unless received as specified above, all bid information will remain unchanged.
4. This bid is to be manually signed in ink.
5. Bid prices shall include all delivery charges paid by the vendor, F.O.B. Destination, unless otherwise provided in the solicitation. Bids requiring deposits, "payment in advance" or "C.O.D" may be rejected. Payment is to be made within 30 days after receipt of properly executed invoice or delivery, whichever is later.
6. Amount of bid bond required: every bid submitted for in excess of fifty thousand dollars shall be accompanied by a bid bond guaranteed by a surety company qualified to do business in the state of Louisiana. The bid bond shall be for five percent of the official bid amount.
7. To assure consideration of your bid, all bids and addenda should be returned in an envelope or package clearly marked with the bid opening date and the bid number; or submitted in the special envelope, if furnished for that purpose.
8. Bids submitted are subject to provisions of the laws of the State of Louisiana including but not limited to L.R.S. 39:1551-1736; Purchasing rules and regulations; executive orders; standard terms and conditions; special conditions; and specifications listed in this solicitation.
9. Important: By signing the bid, the bidder certifies compliance with all instructions to bidders, terms conditions and specifications, and further certifies that this bid is made without collusion or fraud. This bid is to be manually signed in ink by a person authorized to bind the vendor (see no. 27). All bid information shall be in ink or typewritten.
10. Address all inquiries and correspondence to the Louisiana Tech University Office of Purchasing at the address and telephone number listed herein.
11. Bid forms: All written bids, unless otherwise provided for, must be submitted on, and in accordance with, forms provided, and properly signed (see no. 27). Bids submitted in the following manner will not be accepted:
 - A. Bid contains no signature indicating intent to be bound;
 - B. Bid sent by facsimile equipment;
 - C. Bid filled out in pencil; and
 - D. Bid not submitted on the designated bid forms.
12. Bids must be received at the address specified in the solicitation prior to bid opening time in order to be considered.
13. Standards of quality – Any product or service bid shall conform to all applicable federal, state, and local laws and regulations, and the specifications contained in the solicitation. If bidding other than the requested brand or product number (or style), enclose sufficient literature to determine compliance with specifications. Failure to comply with this request may eliminate your bid from consideration. Unless otherwise specified in the solicitation document, any manufacturer's name,

trade name, brand name, or catalog number used in the specification is for the purpose of describing the standard of quality, performance, and characteristics desired; and is not intended to limit or restrict competition. Bidder must specify the brand and model name of the product offered in the bid. Bids not specifying brand and model number shall be considered as offering the exact product specified in the solicitation. See bid document for full requirements.

14. New Products: Unless specifically called for in the solicitation documents, all products for purchase must be new, never previously used, and the current model and/or packaging. No remanufactured, demonstrator, used or irregular product will be considered for purchase unless otherwise specified in the solicitation documents. The manufacturer's standard warranty will apply unless otherwise stated in the solicitation.
15. Louisiana Tech University reserves the right to award items separately, grouped or on an all-or-none basis and to reject any or all bids and waive any informalities.
16. This agreement is non-exclusive and shall not in any way preclude Louisiana Tech University from entering into similar agreements and/or arrangements with other vendors or from acquiring similar, equal, or like goods and/or services from other entities or sources.
17. Bid opening: Bidders may attend the bid opening, but no information or opinions concerning the ultimate contract award will be given at the bid opening or during the evaluation process. Bids may be examined within 72 hours after bid opening. Information pertaining to completed files may be secured by visiting the Louisiana Tech University Purchasing Office during normal working hours. Written bid tabulations will not be furnished prior to 72 hours.
18. Prices: Unless otherwise specified by Louisiana Tech University in the solicitation, bid prices must be complete, including transportation prepaid by bidder to destination and firm for acceptance for a minimum of 30 days. If accepted, prices must be firm for the contractual period.
19. Taxes: Vendor is responsible for including all applicable taxes, fees, and tariffs in the bid price. Louisiana Tech University is exempt from all Louisiana state and local sales and use taxes. By accepting an award, resident and non-resident firms acknowledge their responsibility for the payment of all taxes duly assessed by the State of Louisiana and its political subdivisions for which they are liable, including but not limited to: franchise taxes, privilege taxes, sales taxes, use taxes, ad valorem taxes, etc.
20. Contract renewals: In the event that bid specifications include a renewal option, a term contract may be extended for two additional 12-month periods at the same prices, terms, and conditions upon mutual agreement of the State of Louisiana agency and the contractor. In such cases, the total contract term cannot exceed 36 months.
21. Contract cancellation: Louisiana Tech University has the right to cancel any contract, in accordance with purchasing rules and regulations, including but not limited to: (1) failure to deliver within the time specified in the contract; (2) failure of the product or service to meet specifications, conform to sample quality or to be delivered in good condition; (3) misrepresentation by the vendor; (4) fraud, collusion, conspiracy or other unlawful means of obtaining any contract with the University; (5) conflict of contract provisions with constitutional or statutory provisions of state or federal law; (6) any other breach of contract. Louisiana Tech University has the right to cancel any contract for convenience at any time by giving thirty (30) days written notice to the vendor. In such cases, the vendor shall be entitled to payment for complaint deliverables in progress.
22. Applicable law: All contracts shall be construed in accordance with and governed by the laws of the State of Louisiana.
23. In accordance with Executive Order Number JBE 2018-15, effective May 22, 2018, for any contract for \$100,000 or more and for any contractor with five or more employees, Contractor, or any Subcontractor, shall certify it is not engaging in a boycott of Israel, and shall, for the duration of this contract, refrain from a boycott of Israel. The State reserves the right to terminate this contract if the Contractor, or any Subcontractor, engages in a boycott of Israel during the term of the contract.

24. The bidder agrees to abide by the requirements of the following as applicable: Title VI of the Civil Rights Act of 1964 and Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Federal Executive Order 11246 as amended, the Rehabilitation Act of 1973, as amended, the Vietnam Era Veteran's Readjustment Assistance Act of 1974, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, the Fair Housing Act of 1968 as amended, and bidder agrees to abide by the requirements of the Americans with Disabilities Act of 1990. Bidder agrees not to discriminate in its employment practices, and will render services under this contract without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran status, political affiliation, disability, or age in any matter relating to employment. Any act of discrimination committed by bidder, or failure to comply with these statutory obligations when applicable shall be grounds for termination of any contract entered into as a result of this solicitation.
25. Special accommodation: Any "qualified individual with a disability" as defined by the Americans with Disabilities Act, who has submitted a bid and desires to attend the bid opening, must notify the Louisiana Tech University Office of Purchasing in writing not later than seven days prior to the bid opening date of their need for special accommodations. If the request cannot be reasonably provided, the individual will be informed prior to the bid opening.
26. Indemnity: Contractor agrees, upon receipt of written notice of a claim or action, to defend the claim or action, or take other appropriate measure, to indemnify, and hold harmless, the state, its officers, its agents and its employees from and against all claims and actions for bodily injury, death or property damages caused by the fault of the contractor, its officers, its agents, or its employees. Contractor is obligated to indemnify only to the extent of the fault of the contractor, its officers, its agents, or its employees. However, the contractor shall have no obligation as set forth above with respect to any claim or action from bodily injury, death or property damages arising out of the fault of the state, its officers, its agents or its employees.
27. Signature authority: Attention: R.S. 39:1594(c) (4) requires evidence of authority to sign and submit bids to the State of Louisiana. You must indicate which of the following apply to the signer of this bid.

Please circle one:

- 1) The signer of this bid is either a corporate officer who is listed on the most current annual report on file with the Secretary of State or a member of a partnership or partnership in commendam as reflected in the most current partnership records on file with the Secretary of State. A copy of the annual report or partnership must be submitted to this office before contract award.
 - 2) The signer of this bid is a representative of the bidder authorized to submit this bid as evidenced by documents such as Corporate Resolution, Certification as to Corporate Principal, etc. If this applies, a copy of the resolution, certification, or other supportive documents must be attached hereto.
 - 3) The bidder has filed with the Secretary of State an affidavit or resolution or other acknowledged/authentic document indicating that the signer is authorized to submit bids for public contracts. A copy of the applicable document must be submitted to this office before contract award.
28. In accordance with the provisions of R.S. 39:2182, in awarding contracts after August 15, 2010, any public entity is authorized to reject a proposal or bid form, or not award the contract to, a business in which any individual with an ownership interest of five percent or more, has been convicted of, or has entered a plea of guilty or nolo contendere to any state felony or equivalent federal felony crime committed in the solicitation or execution of a contract or bid awarded under the laws governing public contracts under the provisions of chapter 10 of Title 38 of the Louisiana Revised Statutes of 1950; professional, personal, consulting, and social services procurement under the provisions of Chapter 16 of Title 39, or the Louisiana Procurement Code under the provisions of Chapter 17 of Title 39.
29. It is agreed that the Legislative Auditor of the State of Louisiana and/or the Office of the Governor, Division of Administration auditors shall have the option of auditing all accounts which relate to this contract.
30. The continuation of this contract is contingent upon the appropriation of funds to fulfill the requirements of the contract by the legislature. If the legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if

such appropriation is reduced by the veto of the Governor or by any means provided in the Appropriations Act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract.

31. Whenever a public entity enters in to a contract in excess of five-thousand dollars (\$5,000) for the construction, alteration, or repair of any Public Works, the official representative of the public entity shall reduce the contract to writing and have it signed by the parties. When an emergency as provided in R.S. 38:2212(D) is deemed to exist for the construction, alteration, or repair of any Public Works and the contract for such emergency work is less than fifty-thousand dollars (\$50,000), there shall be no requirement to reduce the contract to writing (R.S. 38:2241).
32. For each contract in excess of twenty-five thousand dollars (\$25,000) per project, the public entity shall require of the contractor a bond with good, solvent, and sufficient surety in a sum of not less than fifty percent (50%) of the contract price for the payment by the contractor or subcontractor to claimants as defined in R.S. 38:2242. The bond furnished shall be a statutory bond and no modification, omissions, additions in or to the terms of the contract, in the plans or specifications, or in the manner and mode of payment shall in any manner diminish, enlarge, or otherwise modify the obligations of the bond. The bond shall be executed by the contractor with surety or sureties approved by the public entity and shall be recorded with the contract in the office of the recorder of mortgages in the parish where the work is to be done not later than thirty days after the work has begun.
33. For construction projects falling within classifications of 37:2150 the bidder must be fully qualified under any state or local licensing law for contractors in effect at the time and at the location of the work before submitting his bid. In the state of Louisiana, revised statutes 37:2150, et seq. Will be considered, if applicable. The contractor shall be responsible for determining that all of his sub-bidders or prospective subcontractors are duly licensed in accordance with law. On any bid in excess of fifty thousand dollars (\$50,000), the Contractor shall certify that he is licensed under R.S. 37:2150-2163 and show his license number on the bid. The bid envelope shall be identified on the outside with the Name of the Project, Bid Number, Bid Time, the Name of the Bidder and the License Number of the Bidder.

TO: Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurships

RE: Veteran Initiative – Act 167 of the 2009 Legislative Session

➤ **ARE YOU ELIGIBLE FOR PARTICIPATION?**

- Are you a veteran-owned small entrepreneurship or a service-connected disabled veteran-owned small entrepreneurship in accordance with documentation from the United States Department of Veteran Affairs or the Louisiana Department of Veteran Affairs?
- Are you a Louisiana domiciled business?
- Do you have less than fifty (50) full-time employees?
- Are your annual gross revenue receipts \$5,000,000 or less (for construction) or \$3,000,000 for (non-construction) for each of the previous three (3) tax years?

If your answers are yes, your company may be eligible for participation in the Louisiana Veteran-Owned and Service-Connected Disabled Veteran-Owned Small Entrepreneurship Program, also known as the Veteran Initiative.

➤ **WHAT IS THE VETERAN INITIATIVE?**

The Veteran Initiative, created by LRS 39:2171 through 2179 and LRS 51:931, provides additional opportunities for certified Louisiana-based small entrepreneurships to participate in contracting and procurement with the State. Key features of the programs are:

- This is a goal-oriented program
- It is race and gender neutral
- Participation is restricted to Louisiana-based certified veteran-owned and service-connected disabled veteran-owned small entrepreneurships

The rules governing the implementation of the program are located at <http://www.doa.louisiana.gov/osp/se/se.htm>.

➤ **WHY IS CERTIFICATION IMPORTANT?**

Certification is required for the participation in the Veteran Initiative. Under this program, you may be given increased opportunity to participate in Louisiana state contracts. Certain contracts may be awarded to your business without competition. And, certification is one of the methods that the State of Louisiana will utilize as a basis for benchmarking for annualized procurement and contracting goals.

➤ **WHAT AGENCY IS RESPONSIBLE FOR CERTIFICATION?**

The Louisiana Department of Economic Development (LED) is responsible for certifying Small Entrepreneurships for participation in the program. The (LED) Small Business Certification System may be accessed by <https://smallbiz.louisianaeconomicdevelopment.com/Account/Login>. For additional information regarding certification, please contact the LED at 800.450.8115 or 225.342.3000.

➤ **WHAT IS THE ROLE OF THE DEPARTMENT OF VETERANS AFFAIRS?**

The Louisiana Department of Veterans Affairs is responsible for disseminating information on this program and other veterans' benefits to Louisiana veterans. Information on this program and other veterans' benefits can be accessed at www.vetaffairs.al.gov.

The State of Louisiana is committed to the success of this program and encourages your participation.